

**Calvin & Susie Hawaii Animal Foundation
ADOPTION AGREEMENT**

Adopter's name _____

Phone _____

Address _____ **Email**

Animal's Information

Name _____ **Species** _____

Breed _____ **Sex** _____

Color _____ **DOB (if known)** _____

Spayed/Neutered? _____ **Age** _____

Markings (spots, stripes, scars,

etc.) _____

Microchip Number _____

Other ID numbers/type _____

Adoption Agreement

I agree to adopt the Animal (described above) and accept the terms of the agreement as set forth below.

1. I will assume full responsibility for the Animal's feeding, shelter, health, and overall well-being for the duration of its life.
2. I agree that the Animal will be kept only as a domesticated house pet. This means that they will live inside my home, indoors, and will not be free-roaming.
3. I agree that the Animal will be my companion animal, my pet, and will not be used as a guard or defense animal, or for gaming or financial gain.
4. I certify that neither myself, nor any member of my household has ever been convicted of a crime relating to animal cruelty, animal abandonment or animal neglect.

5. I will not sell, loan, surrender, relinquish ownership, or dispose of the Animal to another person, party, group, or organization.
6. If after accepting ownership of the Animal, I find that I am not able to provide the environment and care agreed upon in this agreement, I will immediately surrender the animal to CSHAF or a CSHAF approved animal shelter/ organization if the surrender occurs outside the State of Hawaii. Unless state or federal laws have been broken, I understand that no legal or punitive action will be taken against me if I surrender the Animal as directed by CSHAF.
7. I agree to notify CSHAF when the animal has passed.
8. I agree to provide medication and/or medical care under the supervision of a certified veterinarian at any point in the Animal's life. I agree to administer all veterinary recommended preventative medications to the Animal, such as flea/ tick medicine or heartworm medication. I agree to provide all necessary vaccinations and boosters for the Animal on a timely, regular schedule as recommended by a veterinarian. If I cannot provide such medication and/or medical care, I will immediately contact CSHAF for options, support, aid, or surrender. If the Animal is not spayed or neutered, I agree that the Animal will be spayed or neutered by a veterinarian and provide proof to CSHAF that the procedure was done.
9. I will not physically alter the Animal in any way that is not medically necessary, such as tail docking, ear cropping, or de-clawing.
10. I agree to appropriately register the Animal in the State of Hawaii, or any state or country I gain residency in with the Animal.
11. I agree that the Animal will always wear a collar or harness with proper identification tags when outside of my home.
12. I agree to register the Animal's microchip or identifying registration under my name, and to keep the information pertaining to it current. I agree that the Animal will always have a readable microchip in its body, and if the current microchip migrates or becomes unreadable, I will replace it.
13. I agree to pay the adoption fee of \$_____. I understand that it is non-refundable after 2 weeks from the signing of this agreement.
14. I understand that Calvin & Susie Hawaii Animal Foundation makes no guarantees about the health and temperament of this Animal.

I verify that I am entering into a legal and binding contract with Calvin & Susie Hawaii Animal Foundation. I understand that any breach of this contract can result in the removal of the Animal from my care and the termination of ownership. I understand that I am assuming full responsibility for the Animal's actions and behavior, as well as full financial responsibility for its care.

Upon signing the agreement, I understand that I will relieve, indemnify, and hold harmless Calvin & Susie Hawaii Animal Foundation and its representatives, staff, and volunteers of any liability related to the Animal.

Adopter signature _____

Date _____

Adopter Name (Printed) _____

CSHAF representative signature _____

Date _____

CSHAF representative Name

(Printed) _____