



## Canine Adoption Contract

Name of Animal: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Description: \_\_\_\_\_

**I (we), the undersigned, understand the following:**

- The Floyd County Humane Society (FCHS) is made up of volunteers who receive no compensation for their services rendered to the FCHS.
- FCHS makes no claims as to the behavior, temperament, or health of the dog I am adopting.
- I understand that certain canine diseases cannot be reasonably tested for and/or cannot be vaccinated against, and that FCHS is NOT liable for medical costs associated with an ailment that was undetected in the dog at the time of this adoption.
- I am to take the dog to a veterinarian for an examination and all necessary and required vaccines that have not been given at the time of adoption.
- I agree to ensure that the dog receives routine veterinary care for the life of the animal, as recommended by a veterinarian.
- I am required to get my dog distemper boosters.
- **If the dog has not been neutered at the time of adoption, I am responsible for having the dog neutered within 30 days of adoption and providing proof of alteration to FCHS.** I am responsible for making the appointment and notifying FCHS regarding the scheduled appointment and contact information for the veterinary clinic *ahead* of the surgery date. The adoption fee includes the price of spay or neuter at a veterinarian chosen by FCHS. If I choose another veterinarian, I am responsible for any amount above the surgery price included in the adoption fee. **(\$90 for males, \$100 for females as of July 2023)** I am required to have the above dog neutered by \_\_\_\_\_.
- I have been informed that Virginia state law requires all animals adopted from public animal shelters or humane societies be sterilized.
- FCHS requires that the above dog be confined to adopters' property at all times (i.e., not allowed to run free).
- I am required to abide by all city/county laws, such as obtaining a license and keeping the dogs rabies vaccine current. I am aware that the rabies vaccination for dogs is required by Virginia state law.
- I agree to allow home visits at the discretion of FCHS.
- If I do not comply with this contract, or it is discovered that the above dog is not receiving adequate care or has not been neutered by the specified time, the dog in question shall be reclaimed and ownership will revert back to FCHS.
- **If at any time I am unable to keep the adopted dog, I am required to contact FCHS. I am responsible for making arrangements at my expense for the dog until FCHS can arrange for foster care or shelter space. I am also responsible for the expense of returning the dog to FCHS.**
- I may never sell, trade, or give away the dog without the permission of FCHS.
- **ADOPTION FEES ARE NON-REFUNDABLE.**
- **I certify that I have never been charged or convicted of animal cruelty, neglect, or abandonment.**
- By signing this contract, I give FCHS the right to obtain additional information on this dog from my vet following adoption.

*FCHS may share adoption information with our adoption partners or other affiliated organizations. Please select this box if you would like to opt out of sharing this information.*

Name:(print) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (home/cell): \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

Adoption Fee \$ \_\_\_\_\_ Paid via (circle one): Cash Check Credit Card

FCHS Representative: \_\_\_\_\_ CashApp Square PayPal



**FLOYD COUNTY  
HUMANE SOCIETY**  
Serving Pets & Their People

**Thank you for adopting** \_\_\_\_\_  
(FCHS foster pet's name)

**Your pet must be neutered by:**

(to be completed by FCHS representative)

- **If you want FCHS to cover the entire cost of the procedure, you must arrange the appointment through our spay/neuter coordinator by calling 540-745-7207 or emailing [info@floydhumanesociety.org](mailto:info@floydhumanesociety.org)**
- **If you wish to have your personal veterinarian perform the procedure, FCHS will reimburse you the following amount:**

- **Cats: \$75 males      \$85 females**
- **Dogs: \$90 males      \$100 females**

(FCHS Representative Please Circle One)

**You must provide a copy of the itemized receipt showing the following:**

- **Your Name**
- **Your Pet's Name**
- **Spay/Neuter Charge**
- **Date of Procedure**

**You may email a copy to [info@floydhumanesociety.org](mailto:info@floydhumanesociety.org)**