



**SAVE, A Friend to Homeless Animals**  
900 Herrontown Road; Princeton, NJ 08540  
Phone: 609-921-6122 Fax: 609-921-3040  
[www.savehomelessanimals.org](http://www.savehomelessanimals.org)

## ADOPTION CONTRACT

I hereby adopt from SAVE, a Friend to Homeless Animals of Princeton, on \_\_\_\_/\_\_\_\_/\_\_\_\_ the animal indicated below:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ SAVE ID/Tag# \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Sex: \_\_\_\_\_ Canine/Feline (circle one)

By signing this adoption contract, I certify that I have read, understand, and agree to the following conditions:

1. I will provide the animal with a good home and will give it proper care and kind treatment. If I am adopting a cat, I agree I will NOT declaw it. If I am adopting a Dog, I agree that I will NEVER chain/tie it outdoors, nor permanently house it outdoors. The animal will never be sold or used for experimentation or in any circumstance that will cause the animal harm.
2. I understand that any veterinary bills incurred after adoption will not be reimbursed by SAVE. In the unlikely event that this animal becomes ill with the first 72 hours of its adoption, I will contact SAVE immediately. Depending on the situation, SAVE may elect to authorize treatment by one of its veterinarians. This, however, is not a guarantee.
3. SAVE will be notified if I intend to re-home this animal. SAVE will be provided with the new owner's name and address.
4. I will not hold SAVE or any its employees responsible for any defects the animal may now or later possess. If I must return the animal to SAVE for any reason other than medical, I understand there will be no refund or exchange. If I return the animal to SAVE for medical reasons, I acknowledge that I must have a note from my veterinarian stating the medical condition. I understand that any return of the above animal after a period of 6 months has elapsed; SAVE will consider this animal to be an owner surrender case and will be subject to the review, considerations, and fees, as specified in owner surrender.
5. I will not hold SAVE responsible for any damage or injury to persons or property that may be caused by the animal after I take custody and possession of it.
6. I will comply with all state/local laws governing the licensing/ownership of animals.
7. I agree to have the animal evaluated and examined by a veterinarian within the first 30 days of adoption. A form has been provided to me to be completed by the veterinarian at the time of the above animal's examination. This form must be returned to SAVE with 45 days after the signing of this contract.
8. I will allow SAVE's agents to examine the animal at any time at any location; my right to possession is subject to and conditioned on my carrying out the terms of this agreement. I recognize that any violation of the above terms will be viewed by SAVE as a breach of contract and that SAVE may take possession of the animal if SAVE determines I have failed to comply with any of the terms of this agreement.

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

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Email: \_\_\_\_\_

Adoption Amt           \$  
Collar & Tag           \$  
Other                   \$  
Donation               \$  
Total Received        \$

Method of Payment : Cash/Charge/Check

\_\_\_\_\_  
Signature of SAVE Agent