

Illinois Humane

PO Box 512, Springfield, Illinois 62705; (217) 698-3804, Illinois Shelter License No. 10913

ADOPTION CONTRACT

1. Illinois Humane will provide veterinary services for a condition that may have been contracted by the adopted animal while it was in Illinois Humane's custody subject to the following conditions:
 - a. The adopter must call Illinois Humane within seven (7) days of the adopter's taking custody of the adopted animal.
 - b. Illinois Humane will provide veterinary services only by a veterinarian named and arranged for by Illinois Humane.
 - c. Illinois Humane will be responsible only for expenses pre-arranged and pre-approved by Illinois Humane.Illinois Humane will not cover medical expenses for a condition caused or contracted after the animal left Illinois Humane's custody and will not cover expenses for detected or undetected chronic conditions, such as but not limited to diabetes or cancer. _____
2. Illinois Humane will accept an animal back with a full refund up to seven days after the date of the adoption.

Illinois Humane will mail the refund to the adopter of record within a reasonable period of time.
After seven days from the date of the adoption, the adopted animal may be returned to Illinois Humane without refund at any time for any reason. _____
3. I am aware that animals are different from human beings in their responses to human actions and that the actions of animals can be unpredictable and they should be closely supervised when they are with children. _____
4. I am aware that an animal's behavior may change after he/she leaves the custody of Illinois Humane and accustoms himself/herself to a home or different environment. _____
5. I agree to take the animal to a veterinarian for examinations, vaccinations and any medical treatment as needed and provide good quality food and water and adequate shelter and humane treatment at all times. _____
6. I AGREE THAT IF AT ANY TIME, Illinois Humane obtains information that:
 - a. the animal has not been taken to a veterinarian for examinations, vaccinations and any medical treatment as needed;
 - b. the animal has not been provided good quality food and water;
 - c. the animal lacks adequate shelter and humane treatment;
 - d. the animal has been abandoned; or,
 - e. the animal has been left with someone unwilling or unable to provide care for any amount of time for the animal;I will release and return the animal to Illinois Humane immediately and shall relinquish all claim and interest in the animal. _____

7. Further, upon good cause to believe that the adoptive household or guardian/owner is involved with the consumption, possession or sale of any illegal substance, or is involved in any criminal activity, including domestic violence, the animal that is the subject of this contract shall be relinquished and returned to Illinois Humane. _____

8. A pre-adoption home visit is required: Date scheduled: _____. Follow-up home visit(s) is/are required: Yes No Date(s) scheduled : _____

9. Should for any reason the adopter determines that he or she can no longer care for and maintain the animal that is the subject of this contract, he or she shall contact Illinois Humane and return and relinquish that animal to Illinois Humane. Should the adopter have someone in mind to whom he or she would like to pass custody of the animal, the undersigned adopter hereby agrees that Illinois Humane may conduct its application process with that individual and Illinois Humane retains the right to refuse placement of the animal with the selected individual and instead regain custody of the subject animal. _____

10. I understand that Illinois Humane will charge a \$25.00 fee for any returned check. _____

11. I have read and fully understand this contract and have had any questions answered to my satisfaction. _____

Adoption Date: _____ Animal's Name _____ Dog _____ Cat _____

Adopter's Name _____ Date of Birth _____

Telephone (home) _____ (work/other) _____

Address _____ City _____

State _____ Zip _____ E-mail address _____

Signature of Adopter Date Signature of Adoption Counselor Date

Amount Paid \$ _____ Method of Payment, circle one Cash Check
Check No. _____