

# Adoption Contract

Tel.: 228-863-3354



Humane Society of South Mississippi  
2615 25th Avenue  
Gulfport, Mississippi 39501 USA  
admin@hssm.org  
http://www.hssm.org  
Person ID:

### Animal Information

Name: Animal ID: Color: Color Pattern:  
Type: Breed: Sex: Age Group:  
Approx DOB: Age: Currently S/N?: Previously S/N?:

Alt Phone#

Alt Phone #

- 1. I hereby acknowledge receiving the above described animal.
- 2. I certify that I have not neglected, abused or otherwise endangered an animal, and I will care for the animal in a humane manner.
- 3. I agree to take the animal to a veterinarian for examination and immunizations as needed and to obtain immediate veterinary care, *AT MY OWN EXPENSE*, should the animal become ill or injured.
- 4. I agree not to allow the animal to be used for: medical or other experimental purposes, food source, fighting or other inhumane purposes.
- 5. I may return the animal and receive an exchange or refund for any reason within the first seven (7) days. The refund will be 50% of the adoption fee. (Promotional adoption fees may not be entitled to a refund). Refunds are issued by mail and will not be available on the day of the return. I am entitled to an exchange if the animal is returned within the first 30 days.
- 6. *HSSM IS NOT RESPONSIBLE UNDER ANY CIRCUMSTANCES FOR MEDICAL COSTS INCURRED BY YOU AND NO REIMBURSEMENT OR ADJUSTMENT WILL BE MADE.*
- 7. I understand HSSM can not guarantee the health, temperament or training of the above described animal and hereby agree to release HSSM officers, directors or employees from any and all liability once the animal is in my possession.

**REMEDY FOR NON-COMPLIANCE:** It is agreed that the Humane Society of South Mississippi retains superior title in said animal limited to and for the express claim in the event it appears to the Humane Society of South Mississippi that proper and humane care as specified in the above adoption provisions is not being afforded said animal, in which case the animal may be taken through a Claim and Delivery proceeding for which I agree to pay all applicable fees, court costs and attorney charges.

**I AM AT LEAST 18 YEARS OF AGE. I HAVE READ THE ABOVE AGREEMENT AND ACCEPT ALL TERMS.**

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_ HSSM Signature \_\_\_\_\_

HOLD / ALTERED Microchip # \_\_\_\_\_ DOS Animal Tag# \_\_\_\_\_

Rabies Vacc: yes / too young HW: pos / neg / too young FeLV/FIV: test / decline

Sr Date of Birth \_\_\_\_\_ Exchange: yes / no Original Adoption# \_\_\_\_\_

Adoption \$ \_\_\_\_\_ + Other \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Cash Charge Check