

FREEDOM FARM ANIMAL SANCTUARY ADOPTION CONTRACT

Please initial after to each requirement. Each one must be agreed to in order to adopt from our organization.

- I, _____ do hereby agree to the following stipulations concerning the adoption of _____ from Freedom Farm Animal Sanctuary. Animal I.D. # _____
1. I will agree to provide appropriate food, water, and shelter for the animal given to my care. _____
 2. I will not hold FFAS responsible for any liabilities incurred by this animal once it is given to my care. _____
 3. I will not house this animal in an unsatisfactory fashion, such as leaving it continuously chained to an object. _____
 4. I agree to make sure the animal receives regular veterinary care, which includes following up with vaccinations, grooming, parasite control and treatment of any illness or injury. _____
 5. I agree to keep this animal leashed in accordance with TN State law when it is outside of my person or property. _____
 6. In accordance with the recommendations from the American Veterinary Medical Association:
 - CATS: I agree not to de-claw any cat adopted from FFAS unless it is deemed medically necessary by a veterinarian. _____
 - DOGS: I will not participate in the tail, dewclaw, or ear docking unless it is deemed medically necessary by a veterinarian. _____
 7. If for any reason I am unhappy with the adopted animal given to my care:
 - I will contact FFAS and arrange to return the animal to their care. _____
 - The animal will not be given to another individual or organization without the approval of FFAS. _____
 - Cats that have been declawed, in violation of this agreement, may have developed serious behavior problems making them no longer suitable as companion animals. I acknowledge that FFAS will not accept the return of declawed cats. _____
 8. I understand after adopting this animal that it falls completely under my care, and I will not hold FFAS responsible for any medical conditions unknown to them. I will not hold FFAS responsible for any veterinary bills after the animal has been in my care for more than 10 days. If a medical problem is found within **10 days** of adoption, I will do one of the following. _____
 - a) Contact FFAS and return the animal directly to them in exchange for another animal
 - b) Contact FFAS and return the animal for a refund
 - c) Allow FFAS to treat the illness with their veterinarian
 - d) Treat the animal at my expense and assume all responsibility
 9. I understand that FFAS cannot be responsible for false negatives on FIV/FLV (feline AIDS and feline leukemia) tests on any cat. _____
 10. I understand that FFAS cannot be responsible for false negatives on heartworm tests on any dog. _____
 11. I will allow FFAS to make unannounced visits to my home to check on the condition and well-being of the animal given to my care, if I am unreachable by other means. If FFAS feels any of the conditions of this contract have been violated, I will allow them to reclaim the animal. _____
 12. I understand that there are no refunds after I have adopted this animal, except as specified in item 8. _____

Signature _____ Date _____