

Animal's Name

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## SAFE HAVEN KY ADOPTION CONTRACT

Post Office Box 401, Princeton, KY 42445

[safehavenky@gmail.com](mailto:safehavenky@gmail.com)

(270)963-2014

### ALL REQUIREMENTS MUST BE READ AND INITIALED

\_\_\_\_\_, I, the Adopter, agree that the animal will live inside my home and that I will maintain a proper nutrition program for the animal and access to fresh water at all times.

\_\_\_\_\_, I, the Adopter, agree to provide adequate care of the animal including, but not limited to, routine licensed vet care, routine worming and check-ups, vaccinations, proper shelter, an environment that is clean, and daily exercise to maintain the health of the animal.

\_\_\_\_\_ SAFE Haven KY retains ownership of the adopted animal for a period of one (1) year from the date of adoption. SAFE Haven, or a SAFE Haven representative, reserves the right to remove any animal adopted from SAFE Haven KY, in Adopter's care, if it is found that the animal is not being properly cared for as previously described.

\_\_\_\_\_ SAFE Haven KY reserves the right to random visitation to ensure the adopted animal is being properly cared for during the initial one (1) year period previously stated. SAFE Haven KY has the right to reclaim the animal if it is found to be in poor condition or in an unfit environment.

\_\_\_\_\_, I, the Adopter, also agree to provide SAFE Haven KY, during one (1) year from the date of adoption, with updated location information should the animal be moved to a location other than that specified in the initial Adoption Contract. I, the Adopter, also agree to inform SAFE Haven KY of the death of an animal should it occur.

\_\_\_\_\_ I understand that, if I am not happy with the animal or I can no longer provide the care as stated above, I shall return said animal to SAFE Haven KY. I will receive no monies back from SAFE Haven KY. I further agree that I will not give said animal away to any other person, organization, company or entity.

\_\_\_\_\_ I further agree that SAFE Haven KY cannot be held responsible for any unforeseen health problems occurring with the animal and fully understand that even "Blue-Blooded" or "Select" animals sometimes have or develop various health problems. I understand that SAFE Haven KY has a standard protocol for vetting each rescued animal prior to adoption. Beyond this protocol, all health issues are the sole responsibility of me, the Adopter.

\_\_\_\_\_ I understand that SAFE Haven KY cannot be held liable for anything that happens to me, anyone or anything involving transport to get the animal, receiving the animal, or if the animal harms or injures anyone or any property. I further understand that, once I sign this form, I am solely responsible for the medical care, welfare, and safe keeping of this animal.

\_\_\_\_\_ By indicating my approval on this Adoption Contract, I declare that all of the information that I have provided is true to the best of my knowledge, and, if found to be false or fraudulent, I will be denied approval for adoption.

\_\_\_\_\_, I, the Adopter, have read and fully understand the contents of the above adoption terms and conditions and further understand that they are non-negotiable.

_____	_____	_____
<b>Printed Name</b>	<b>Adopter's Signature</b>	<b>Date</b>
_____	_____	_____
<b>Address</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
_____	_____	_____
<b>Phone #</b>	<b>Cell Phone #</b>	<b>E-mail Address</b>
<b>Name of Veterinarian</b> _____		

**TO** \_\_\_\_\_ **BE** \_\_\_\_\_ **COMPLETED** \_\_\_\_\_ **BY** \_\_\_\_\_ **SAFE** \_\_\_\_\_ **Haven**  
**KY** \_\_\_\_\_

_____	_____	_____	_____
<b>Animal's Name</b>	<b>Breed</b>	<b>Age as of</b> _____	<b>Date of Birth (if known)</b>
_____		<b>Type of Payment:</b> <b>Cash</b>	<b>Check #</b> _____
<b>Adoption Fee</b>			
_____	_____	_____	
<b>Adoption Coordinator</b>	<b>SAFE Haven KY Phone #</b>	<b>Adopter's Driver's License #</b>	