

Saving All Paws North Jersey, Inc.

Adoption Agreement

Animal's Name: _____ Age: _____ Sex: _____

Description: _____

Adopter's Name: _____

Adopter's Street Address: _____

City: _____ State: _____ Zip: _____

Adopter agrees that I am adopting the above-described animal solely as a pet for myself and/or my immediate family. Adopter agrees that I will not sell, give away or otherwise dispose of said animal to any person(s) or other entity for any reason without the prior approval of SAPNJ. **If at a later date I am unable or unwilling to keep this animal, Adopter agrees to contact SAPNJ and give SAPNJ the opportunity to take back the pet.**

Adopter understands that I can return the pet to SAPNJ within 15 days of the date of this Agreement and SAPNJ will refund the entire adoption fee paid. I also understand and agree that the adoption fee I paid to SAPNJ is reasonable and is not refundable after 15 days from the date of this adoption agreement even if I return the animal to SAPNJ

Adopter understands that SAPNJ takes every precaution to assure the health of its adoptable animals but can make NO GUARANTEE of any kind regarding the health and/or temperament of the animal I have adopted. Adopter understands that I, as the adopter, am financially responsible for the animal upon signing this document. Adopter understands that SAPNJ recommends that I have a veterinarian examine this animal within 15 days of adoption.

Adopter acknowledges and understands that the temperament, pedigree, and health of Adopted Pet may not be fully known, and does hereby assume full responsibility for any and all actions of, and for any personal injuries and/or damages that may be caused hereafter by or to Adopted Pet, and hereby remises, releases and forever discharges SAPNJ from any claim, loss or liability whatsoever arising from or relating in any way to Adopted Pet.

Adopter agrees to indemnify and hold harmless SAPNJ from and against all claims, damages losses, fees or costs arising from or relating to Adopted Pet, including claims for personal injuries or damages caused by the Adopted Pet.

Adopter gives permission for an agent of SAPNJ to visit the premises where the adopted animal is living, given reasonable notice. I further give permission for a SAPNJ agent to remove said animal from my premises if SAPNJ determines that the animal is not receiving appropriate care or if I have violated this agreement. Such entry onto my property shall not constitute trespass upon the premises occupied.

Adopter certifies that all of the statements made by me on this adoption agreement are true and correct. Adopter agrees that SAPNJ has the right to confiscate the adopted animal in the event that any statements made by me are found to be false and/or my check for the adoption fee is returned for insufficient funds

Adopter's Signature: _____ Date: _____

SAPNJ Authorized Signature: _____ Date: _____

Saving All Paws North Jersey, Inc. [SAPNJ]

A NJ 501(c)(3) Non-Profit Corporation

EIN: 81-4985207

E-mail: info@savepawsnj.org

Phone: (862) 801-5322

Adoption Fee: \$ _____

Less Deposit Paid: \$ _____

TOTAL DUE: \$ _____

**State of NJ Dept. of Health APC Low Cost
Spay and Neuter Program: CODE #R366**