



Pet Name & ID# _____

Foster Name/Contact: _____

TRINITY GAP CLUB ADOPTION CONTRACT

trinitygapclub@gmail.com

This is a legal and binding contract negotiated and agreed to between Trinity G.A.P Club (TGC) and _____ (Adopter), identified below. The Adopter wishes to adopt the companion animal identified below from TGC. In return for the adoption fee of \$_____, TGC agrees to transfer ownership of said animal to the Adopter upon completion of all requirements stated herein. The Adopter by his/her signature acknowledges that he/she did read, understand and agree to the following:

1. Adopter, at all times, will provide the animal with humane care, appropriate grooming, proper food, water, shelter, exercise, and a safe environment. Initial: _____
2. Adopter agrees to **NEVER** allow the animal to be –
 - a. Used for the purposes of medical experimentation/research, breeding purposes, or to engage in illegal activities including dog-fighting
 - b. Altered for cosmetic or convenience purposes (i.e. docking tail, ear cropping)
3. Adopter agrees the animal will not be caged, chained, or abused, and acknowledges the animal is being adopted for companionship. Initial: _____
4. Adopter agrees to take the animal to a veterinarian for routine examinations, to keep the animal free of parasites, use heartworm preventative, be properly vaccinated (including rabies vaccinations), and to provide immediate care for the animal in the event of illness or injury. Initial: _____
5. Adopter agrees to notify the TGC if he/she is –
 - a. Unable or unwilling to care for and keep the animal. Adoption fee refundable & animal returnable up to 10 days from adoption date. After 10 days, adoption fee is not refundable and adopter agrees to retain the animal, and work with TGC to find a foster or suitable home for the animal. If adopter is unable to retain the animal, barring extenuating circumstances approved by TGC, a \$200 boarding fee may be assessed if no other suitable arrangements can be made for the safe-keeping of the animal. Contact Foster (or if unable to reach, contact GAP Sponsor Steffenie at steffeniegaprescue@gmail.com) Initial: _____
 - b. Unable and/or unwilling to pay for the expense of medical treatment. Adopter **must** contact **Steffenie at steffeniegaprescue@gmail.com** Initial: _____
6. Adopter agrees the animal may **not** be transferred to another party without notifying and obtaining the permission of TGC. Initial: _____
7. Adopter will comply with all state and local laws and ordinances pertaining to ownership of the animal, including **mandatory spay/neuter laws and licensing**. Adopter agrees to redeem the animal promptly (within 24-48 hours) if the animal is picked up by any animal control agency. If Adopter cannot redeem the animal, ownership will revert to TGC. Initial: _____
8. Any breach of paragraphs 1 through 7 by the Adopter constitutes a rescission of this contract, in which case ownership of the animal will revert to TGC. Adopter agrees to pay any court costs and reasonable attorney fees incurred by TGC from enforcing this contract. By signing this contract, Adopter agrees to allow any agent of TGC to remove the animal from the Adopter's premises if the animal is not receiving proper care, is being abused, neglected or being used for any purpose other than companionship.

The Adopter agrees that TGC has made no guarantees regarding the nature, disposition, or health of the animal. The Adopter agrees to assume all risk and responsibility of ownership of the animal once the animal is in the possession of the Adopter. The Adopter agrees to defend and indemnify TGC against any and all claims for damages, including claims of property damage or personal injury allegedly caused by the animal, arising out of the Adopter's ownership of the animal.

If the Adopter violates any term of this contract, including misrepresentation to TGC or writes an insufficient adoption fee check (Returned Check fee \$50.00), TGC can request the return of the animal, or without notice or liability, enter upon the Adopter's property to repossess said animal.

ADOPTION FEES: Checks payable to "Trinity GAP"

Dogs in Shelter: Fully Vetted Males are \$100 and Fully Vetted Females are \$125 (Fully Vetted means the dog has been spayed/neutered, vaccinated, including rabies shot, and heartworm tested). **Shelter Dogs Not Vetted: Males are \$60 and Females are \$85.** (You will be responsible for taking the dog to be spayed/neutered, within 30 days, and this adoption fee will include the spay/neuter, vaccinations, and rabies shot thru Animal Hospital & Clinic of Arlington*. It will not include a heartworm test.)

Puppies - Shelter or Foster Under 4 months old are \$125 for males and \$150 for females and this includes 4 sets of vaccinations, deworming and spay/neuter/rabies shot thru Animal Hospital & Clinic of Arlington*. If puppy is too young to be altered within 30 days, approximate time for spay/neuter will be set based on age.

Dogs in Foster Care: Males are \$100 and Females are \$125 – This includes spay/neuter, vaccinations, including rabies, and a heartworm test) thru Animal Hospital & Clinic of Arlington*.

Cats – Shelter or Foster: Females are \$85 and Males are \$60 - This includes spay/neuter and vaccinations (FVRCP-FELK and Rabies) thru Animal Hospital & Clinic of Arlington*. If cat is not altered, spay/neuter appointment must be set within 30 days of adoption. **Kittens under 3 months old – Females are \$100 and Males are \$75.** This includes two sets of vaccinations (8-10 wks & 12 weeks + rabies shot), deworming, and spay/neuter when old enough.

Animal Information

ID#: _____ NAME _____ GENDER: ☐ M ☐ F
☐ DOG ☐ CAT BREED: _____ COLOR: _____ SPAYED/NEUTERED? _____
IF NOT ALTERED, SPAY/NEUTER MUST BE DONE BY _____ VACCINATED? _____

Adopter Information

Name: _____
Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Adopter Signature: _____
Date: _____ DL#: _____ DOB: _____

TGC Authorized Signature: _____ **Date:** _____

*GAP Sponsored Veterinarian: Animal Hospital & Clinic of Arlington - Dr. Riley, DVM - 3009 E Abram St, Arlington, TX 76010 (817) 640-0326 FAX 817-652-0940 Open Mon – Fri 8 til 6 and Sat 8 til 12