



PET ADOPTION CONTRACT

Pet's Name: a

Age: _____ (18yrs or >)

Date: _____

Sex: _____

A Donation Fee of **\$100**, which partially offsets the cost of Vet care, immunizations, sterilization and other treatment that has already been given to this pet. **This fee is not refundable under any circumstances.**

1. I agree to always provide shelter, food, water, care, love, and a secure home. In the care of this pet, you agree that the pet is being adopted as a family member and is a social animal. **They do not do well tied to a doghouse or left alone in the yard for extended periods.**
2. I will always keep my pet in a safe and secure area unless walking on a leash. I will not allow my adopted pet to roam the streets of any City or Town. I will keep my pet safe from injury as per **Dog Act of Belize**. In the case of cats, I will make every effort to keep the cat indoors during the night.
3. **Dog fighting is forbidden by law and will be prosecuted as specified in the law!**
4. Care of my adopted pet shall include responsibility for proper yearly vaccination. In the case of a puppy or kitten I will ensure it receives its full course of vaccinations. **Attached is a healthy puppy and kitten schedule.**
5. I agree to allow a **minimum of 3 days** for my pet to get to know me and my family. During this time, visitors, and exposure to other pets outside your home should be kept to a minimum. A crate or a quiet space is best.
6. All pets in the home must be vaccinated.
7. I will give monthly Heartworm and Flea and Tick preventatives.
8. I will ensure that my adopted pet has ongoing veterinary care for both routine and emergency care.
9. I understand by adopting this pet that I take full responsibility for its care
10. If for any reason I am unable to take care for or do not want my pet, I will not abandon it or give it away, but will contact the **Placencia Humane Society at 501-613-7387.**

The Placencia Humane Society reserves the right to reclaim any animal if the above conditions are not met and no refunds are given. PHS makes no warranty as to the temperament or physical condition of the pet.

Name of person adopting: _____

Signature of person adopting: _____

Address: _____

Telephone and email: _____

Approved by PHS Representative: _____

Note: PHS is not affiliated with any other entities/people in Placencia or surrounding areas who offer adoptions.

Rev: 4/19/22 JBD