

SAWGRASS NATURE CENTER & WILDLIFE HOSPITAL
3000 Sportsplex Dr. Coral Springs, FL. 33065
(954) 752-9453 www.sawgrassnaturecenter.org

ADOPTION RECORD

Name: _____

Address: _____

City: _____ St. _____ Zip _____

Home Tel. #: _____ Cell # _____

E-Mail: _____

Animal wanting to adopt: _____

Do you own a home? ☐ **YES** ☐ **NO** Do you have a yard ☐ **YES** ☐ **NO**

If this is a rental do you have permission from the landlord? _____

Landlord's Name _____ Tel # _____

Where will the animal be kept? _____

Why do you want to adopt this animal? _____

What animals do you currently own? _____

Are there any children in the home? _____, If yes, what are their ages _____

Have you ever owned an animal like this before? _____

What is the name of your Vet? _____ Clinic/hospital _____

Do you agree that SNC has permission to visit/ inspect your adopted animal with 24 hr. advance notice? **YES** ☐ **NO** ☐

Do you take responsibility for complete care of this animal including all fees regarding, food, medical care, housing and boarding (if you are away)? ☐ **YES** ☐ **NO**

Do you agree never to sell (or give this animal away) without consulting with the SNC?
☐ **YES** ☐ **NO**

TERMS OF ADOPTION

Please read the following terms and conditions and check the box below: I accept the animal as is and assume all risk of injury or damage caused by the adopted animals such as animal bites, property damage, accidents, medical claims, etc. On behalf of myself, my spouse, my children, my heirs, personal representatives, and assigns, I hereby release, discharge, indemnify and hold harmless the SNC and its directors, officers, employees, and agents from any claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my adoption. This release shall also include any medical conditions whether they are current or pre-existing. I also further agree to assume full legal and medical responsibility while this animal is in transport to

i.e. the new adopter. By checking the 'yes' box below I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for disallowing the adoption of an SNC animal and possible removal of the adopted animal from your possession at a later date. Fines may be applied. I also understand that if for any reason I cannot keep this animal SNC has the first right of refusal for 30 days after they have been notified. There shall be no return fees applied. Applicant must be 18 years of age or older. The SNC reserves the right to refuse any applicant at their discretion. I further agree to notify the SNC within 24 hours if my adopted animal becomes lost, stolen, deceased, critically sick, or injured. Please print and sign your name below confirming that you have read and accept the terms of the adoption agreement (adoption fees are non-refundable).

I agree to all the terms stated above ☐ **Yes** ☐ **No** Today's Date: _____

Printed Name: _____ Signature: _____

Drivers License # _____ Exp Date: _____ State _____

FOR SNC RECORDS

_____ Animal, Case # _____

Was adopted on _____, by _____

Adopter paid an Adoption Fee of \$ _____ Cash, Check, Credit Card

SNC Employees Name & Signature _____

Any Special Requirements or Notes re: this adoption?