



P.O. Box 1216  
 League City, TX 77574  
 Phone: (281) 286-3535  
 E-mail: [pets2adopt@yahoo.com](mailto:pets2adopt@yahoo.com)  
[www.secondchancepets.org](http://www.secondchancepets.org)

## ADOPTION AGREEMENT

**Please initial each statement indicating your concurrence.**

\_\_\_\_ I understand that I am adopting a stray or abandoned animal and therefore, SCP cannot guarantee the health or temperament of the pet.

\_\_\_\_ If I am no longer able to care for the pet, I understand that I may arrange to relinquish it by contacting SCP at (281) 286-3535. A 72-hour advance notice is kindly requested. Pets may not be returned to mobile adoptions without advance agreement. SCP does not operate a shelter and must have time to arrange a foster home.

\_\_\_\_ I accept possession and responsibility for the animal identified and hereby release SCP from liability of injury or damages to persons, animals, or property caused in the future by this animal.

\_\_\_\_ I accept responsibility for all future veterinary care required by this animal.

\_\_\_\_ I agree to:

- Provide quality food, fresh water, shelter, humane treatment, and veterinary care, including annual vaccinations for the life of the animal.
- Comply with state and local ordinances concerning pet licensing and vaccinations.
- DOGS ONLY: Administer heartworm preventative as prescribed by my veterinarian.

\_\_\_\_ I understand that SCP has the right to reclaim any animal if any portion of the application form is found to be false or this agreement is not upheld.

\_\_\_\_ I am adopting an animal that requires veterinary care, including, but not limited to, additional vaccinations, spay/neuter, or heartworm treatment. **I understand that SCP requires the animal be altered and that this is a condition of adoption.** I understand that SCP has the right to reclaim the animal if veterinary care and spay/neuter are not completed to the satisfaction of SCP.

Signature of New Owner: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 SCP Agent: \_\_\_\_\_ Adoption Fee Paid: \_\_\_\_\_ Location: \_\_\_\_\_

Pet Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Description: \_\_\_\_\_

DOG Record: Vet \_\_\_\_\_ CAT Record: Vet \_\_\_\_\_

Rabies:		Rabies:	
DHLPP: 1 <sup>st</sup>	2 <sup>nd</sup>	FeLV: 1 <sup>st</sup>	2 <sup>nd</sup>
Corona: 1 <sup>st</sup>	2 <sup>nd</sup>	FVRCP-C: 1 <sup>st</sup>	2 <sup>nd</sup>
Bordetella: 1 <sup>st</sup>	2 <sup>nd</sup>		
Heartworm Test:		FeLV / FIV Test:	
Heartworm Preventative Given:			
Spay/Neuter:		Spay/Neuter:	

Additional Information: