



The Laredo Animal Protective Society  
 2500 Gonzalez Street  
 Laredo, Texas 78040

(956) 724-8364

# Pet Adoption Agreement

**Description of Pet:** \_\_\_ Dog \_\_\_ Cat Breed \_\_\_\_\_ Color \_\_\_\_\_  
 \_\_\_ Male \_\_\_ Female Age: \_\_\_\_\_ Neutered \_\_\_ Spayed \_\_\_\_\_

**I hereby acknowledge receiving the above animal from the LAPS. I further have read, understand and understand:**

1. I agree to care for it in such a manner as to meet with the approval of the LAPS. LAPS reserves the right to investigate the home being provided for this animal and to remove the animal from my custody if the home is found to be unsuitable.
2. I am aware of the cost of housing, feeding and providing medical care for this animal, and am prepared to provide such.
3. I agree to return this animal to LAPS (making no charges of any kind for services and care provided) if at any time I wish to relinquish custody.
4. This animal will not be used for vivisection or experimental purposes.
5. LAPS makes no claim as to the health of this animal. The animal adopted may have other health issues found by a veterinarian, and these and all future medical costs are not the responsibility of LAPS. LAPS does not guarantee the above animal to be free of the rabies virus or of any other disease, even if the animal has a rabies vaccination.
6. The fee I am paying to LAPS covers the following **ONLY**: (a) initial rabies vaccination (b) Distemper/Parvo vaccination (c) deworming medication (d) bath and dip (e) spay or neuter surgery. **No other expenses** are covered by the \$50 dog or \$30 cat adoption fee.
7. There will be no refund for an animal that dies or is returned more than 14 days from this adoption, and no refund for animals that have escaped.
8. This animal will be spayed or neutered by State of Texas law before I take possession of a mature animal. If it is younger than 6 months, the pet will be taken by me to the veterinarian for the surgery at the appropriate time.
9. I have the means of transportation accessible for taking my pet to a doctor, groomer, et cetera as it becomes necessary.

Date for spay/neuter: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

I agree to the above: Signature: \_\_\_\_\_

Placed in the loving home of:

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

Address: \_\_\_\_\_ Telephone: (956) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Placed by: \_\_\_\_\_ (LAPS employee)

Paid: \$ \_\_\_\_\_ receipt # \_\_\_\_\_

*The Devine Sister's Shelter for Animals*

