

# PAWS HUMANE SOCIETY

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## *Adoption Contract - Nov 23 2018*

### ***Paws Humane Society***

*4900 Milgen Road*

*Columbus, GA 31907*

*Tel : (706) 987-8371*

*awatson@pawshumane.org*

### ***Denise Skaggs***

*471 Fairchase Ct*

*Columbus, Ga 31907*

*Tel : (706) 587-3377*

*dskaggs@aflac.com*

## *Animal Information*

**ID** : PHCV-A-11356

**Name** : Oreo 1543

**Species** : Cat

**Sex** : Male (altered)

**Breed(s)** : Domestic Shorthair

**Adoption Fee** : \$75

**Age** : 5M/ 15D (06-08-2018)

**Colors** : Black/ White

**Size** :

**Chip type** : Found Animals

**Microchip#** : 981020027671543

## ADOPTER AGREES TO:

By agreeing to this contract, I agree to the following adoption policies:

1. I am 21 years of age or older and have provided identification showing my present address, and I own my home or have landlord consent to adopt this animal.
  2. I agree to provide this animal with adequate food and fresh water, shelter from the elements, daily exercise and kind treatment at all times.
  3. I agree not to give away, sell or trade this animal, nor will I take this animal to a shelter or otherwise abandon it. I agree to contact this shelter immediately if I can no longer care for or keep this animal. I understand that if I bring the animal back, the adoption fee is non-refundable.
  4. I agree to obey any and all animal regulations governing the area in which I live and I agree to provide the animal with all recommended veterinary care, including monthly heartworm prevention and annual vaccinations. I further agree to provide the animal with prompt veterinary care if it becomes ill or injured.
  5. I understand that any adoption fees paid are considered a donation and are non-refundable and non-transferable to another animal.
  6. I have received a copy of the "patient chart" which is a medical summary of care that the animal has received from Paws Humane. I understand that my animal may have undiagnosed medical problems or may be incubating an infectious condition. I accept responsibility for the continued care of the animal. I have been advised to take the animal to a veterinarian within 5 business days for a general check-up.
  7. I agree not to hold Paws Humane or its affiliates liable for any foreseen or unforeseen damages, claims, bodily or personal injuries, medical or veterinarian expenses related to the adopted animal. I understand that by adopting this pet, I assume responsibility for any medical care or expenses incurred after the time of adoption.
  8. If you discover that your newly adopted pet is ill within 7 days of adoption, you may schedule an appointment with our vet clinic for treatment at no charge to you. We will only cover common shelter illnesses such as ringworm, kennel cough, upper respiratory infection, intestinal worms, demodex, ear mites, and some other issues at the discretion of our staff veterinarians. After 7 days you may schedule an appointment with our wellness clinic or a full-service veterinary clinic. **After 7 days post adoption, you will be responsible for any charges incurred.**
  9. It is agreed and understood by the adopter and Paws Humane that this contract sets forth all promises, agreements, conditions, and understanding between them, oral or written and that both parties have fully read and understand the entire contract. This contract shall inure to the benefit of and be binding upon the adopter and Paws Humane and their successors and beneficiaries.
- I understand that Paws Humane may provide my contact information to Purina for marketing purposes and to receive emails, money saving coupons and/or updated information.

A handwritten signature in black ink, consisting of a large, stylized 'A' with a loop on the left and a smaller loop on the right.

Adopter's Signature : \_\_\_\_\_

Date Signed : Nov 23 2018

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**Mailing address:**

Paws Humane Society

4900 Milgen Road

Columbus, GA 31907