



***Lifetime Of Veterinarian Support For Senior Paws Program – Adoption Contract***

Paws Across Pittsburgh, in an effort to assist senior pets in finding loving forever homes to live out the remainder of their lives, has developed the Lifetime Of Veterinarian Support (LOVS) for Senior Paws Program.

This donation-supported program enables Paws Across Pittsburgh to place more senior pets in loving homes. Paws Across Pittsburgh supports families that want to adopt a senior pet, but may be worried about medical costs for an aging pet by covering the veterinarian bills for the lifetime of that pet.

See the terms of the agreement for details on how the program works and what medical costs Paws Across Pittsburgh covers.

Thank you for saving the life of a senior pet!

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This contract is a written agreement to transfer ownership of the following pet into the Paws Across Pittsburgh LOVS for Senior Paws program:

Pet Name: \_\_\_\_\_ DOB \_\_\_\_\_

Description: \_\_\_\_\_ M/F \_\_\_\_\_

Altered Date: \_\_\_\_\_ Microchip # \_\_\_\_\_

Adopter Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Partner/Spouse Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Township: \_\_\_\_\_ County: \_\_\_\_\_



I, \_\_\_\_\_, in adopting the above-named pet, agree to the following terms of this contract:

**Love and Care of the Senior Pet**

1. I am adopting the senior pet with the understanding that he/she is a senior aged animal and may need care beyond what is needed for a younger animal.
2. I will treat the pet as a family member.
3. I will provide twice daily feedings, a fresh supply of water at all times, a clean warm place to sleep and plenty of love and affection.
4. The pet will live inside my home and will not be isolated from the family.
5. I will never allow any physical, mental, or emotional abuse of the pet by a person or another animal that comes into contact with him or her.

Adopter Signature: \_\_\_\_\_

**Safety and Well-Being of the Senior Pet**

6. I will ensure proper licensing of the pet and will attach appropriate license tags, rabies tag and a personal identification tag to a non-choke collar to be worn at all times.
7. The pet will be given appropriate exercise either on a leash or in a fenced yard and will not be allowed to run loose or roam.
8. The pet will never be chained or tied up, kept continuously in a yard, garage, patio, balcony, or pen, or left outdoors, even in a fenced yard, when no one is at home.
9. If the pet is lost or stolen, I will immediately contact Paws Across Pittsburgh, the local police department, shelters, social media sites, etc. and post fliers in the area that the pet was last seen.
10. I will ensure compliance with all applicable local and state statutes.
11. I affirm that no member of the household has been convicted of an animal welfare law violation such as neglect, cruelty, abandonment etc nor any crime against a child such as child endangerment, neglect or abuse, nor domestic violence.
12. I agree to not give away, sell, or trade the pet, even as a gift to a friend or family member. I will neither take the pet to a shelter nor abandon the pet. I will notify Paws Across Pittsburgh, without delay, if I'm unable to care for or keep the pet and agree to give Paws Across Pittsburgh reasonable time to re-home the pet.

Adopter Signature: \_\_\_\_\_



**Health and Medical Care of the Senior Pet**

13. I will take the pet to a licensed veterinarian when preventative and routine medical care is needed.
14. I will provide routine flea/tick and heartworm preventative at my expense.
15. I agree to partner with the Paws Across Pittsburgh President and/or the LOVS committee to make collaborative medical decisions beyond routine care.
16. I agree to partner with the Paws Across Pittsburgh President and/or the LOVS committee around euthanasia decisions.

Adopter Signature: \_\_\_\_\_

**Paws Across Pittsburgh agrees to the following terms of this contract:**

17. Paws Across Pittsburgh will pay for preventative, routine, acute and emergency care as well as euthanasia. Advance arrangements and receipts must be provided for reimbursement.
18. Paws Across Pittsburgh will pay for medications and supplements when prescribed by a board-certified veterinarian.
19. Extreme medical services and procedures, as deemed so by the Paws Across Pittsburgh President and/or the LOVS committee, will not be paid by Paws Across Pittsburgh.
20. Should a LOVS ADOPTER want to pursue extreme measures for a pet – the Paws Across Pittsburgh LOVS Committee may make the decision to release the pet to the adopter in order for them to provide such care. At that time – a legal agreement is signed releasing Paws Across Pittsburgh from all future payment for the pet.

PAP Representative Signature: \_\_\_\_\_

**PAWS ACROSS PITTSBURGH *HUMANE ANIMAL RESCUE***

**LOVS FOR SENIOR PAWS PROGRAM**



I agree to notify Paws Across Pittsburgh of all changes of address and/or telephone within 30 days after the change. Communications should be mailed to: 346 Orchard Street, Springdale PA 15144 OR emailed to info@pawsacrosspittsburgh.com.

I agree to accept responsibility of the pet at my own risk and I release Paws Across Pittsburgh and its agents from any and all liability arising out of possession of the pet.

This pet's known background and medical history have been discussed with me. I understand that Paws Across Pittsburgh has made no misrepresentation concerning the health, condition, training, behavior, or temperament of the pet.

I agree to permit Paws Across Pittsburgh to make inquiry about and enforce any of the above conditions and requirements at any time after adoption. This can include visits to my home and contact with my veterinarian.

I understand that failure to comply with any of the above provisions will result in forfeiture of the pet to Paws Across Pittsburgh.

I understand that by voluntarily signing this agreement, I am entering into a legal and binding contract with Paws Across Pittsburgh. Breach of any term(s) of this agreement is deemed actionable by Paws Across Pittsburgh.

Adopter Representative Signature: \_\_\_\_\_

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

PAP Representative Signature: \_\_\_\_\_

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