



P. O. Box 5211, Navarre, FL 32566  
[SunshineStateAnimalRescue@outlook.com](mailto:SunshineStateAnimalRescue@outlook.com)

Pet Adoption Contract  
(One copy for adopter & one copy for SSAR)

Name - Animal Adopting (species/breed/gender/color):

Name - Adopter:

Address:

Phone:

E-mail:

The adopter of this pet agrees to the following:

To provide adequate fresh food and water, clean and dry shelter, and daily exercise.

To obey all applicable laws governing the control and custody of pets.

To provide a safe collar with rabies tag and ID tag.

To provide all medical care needed by the pet, including medical checkups, heartworm prevention and emergency care.

To return the pet to the Sunshine State Animal Rescue (or gain approval on any rehoming) rather than sell, abandon or place in a shelter.

To pay any adoption fee in full.

To take full responsibility of any medical bills after the adoption. We recommend your new animal be seen by a vet within the first 2 weeks of adoption. Medical bills WILL NOT be reimbursed by the Sunshine State Animal Rescue at any time.

No refunds on adoption fees.

I understand that my new pet will hopefully live to be 5-15 years old. I am committed to providing a home and proper care for him/her for the remainder of his/her life.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Payment: \$ \_\_\_\_\_ (Cash, check or other. Please note check # if applicable.)

SSAR Representative Initials: \_\_\_\_\_