

**Yale University Institutional Animal Care & Use Committee
Yale Animal Adoption Agreement**

I, _____, agree to adopt the animal described below.

Animal ID Number: _____ Species: _____ Sex: M F

Breed: _____ Coloring/Markings: _____

Age: _____ Neutered Spayed

To each of the statements below please indicate agreement with your initials.

1. To be fully responsible for the care, treatment, behavior, and well-being of this animal including obtaining appropriate veterinary and any other care considered appropriate for a pet of this species. I agree: ____
2. That I am adopting this animal expressly as a personal pet and not for any other use including breeding, as a food source, sale, research, or any illegal or harmful activity. I agree: ____
3. To accept this animal with the knowledge that it may have been used in research. I agree: ____
4. To accept this animal "as is" with the understanding that although this animal has been examined by a Yale veterinarian, Yale makes no warranties or guarantees regarding the condition, temperament, behavior, fitness, or health and that Yale veterinarians are under no obligation to consult with outside veterinarians pertaining to the health and history of any adopted pet. I agree: ____
5. That I have been informed of the medical history of this animal and assume all risks that may be associated with any medical or behavioral condition or experimental procedures listed therein. I agree: ____
6. That I may not return this animal to Yale for any reason. If the animal becomes incompatible or unsuitable to be kept as a pet, I agree to consult with my veterinarian concerning an appropriate alternative. I agree: ____
7. To assume all risks associated with the transfer of ownership (adoption) of this animal and further release, hold harmless, and indemnify Yale, its officers, employees, and agents from any and all liability, claim, suit, cause of action, or demand regardless of nature including, but not limited to, claims of negligence, personal injury, property damage, death or accident of any kind, arising out of or in any way related to the adoption of this animal, including claims related to or arising from its medical condition or behavior. I agree: ____
8. That the animal will be provided with species appropriate housing and exercise. I agree: ____

FOR DOGS AND CATS ONLY:

- a. For cats only: that the adopted cat will be kept indoors at all times and provided with a litter box that is properly maintained. I agree: ____
- b. For dogs only: that the adopted dog will be kept on a leash or in a fenced-in yard at all times when outside. I agree: ____
9. That I have read this Animal Adoption Agreement, fully understand the terms of this agreement and voluntarily sign this agreement with full knowledge of its significance. I agree: ____

Print Name of Applicant: _____ Signature of Applicant: _____

Date: _____

Applicant Information

Name: _____ E-mail address: _____

Home Phone: _____ Alt Phone: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Own: Rent: If rent, provide landlord contact info: _____

Are you a Yale affiliate? Yes No

Method of transportation of adopted animal: _____

Family Information

Spouse's name: _____

Age of members of household: _____

Pet Information

List all current pets including their age, sex, if they are spayed or neutered. If not spayed/neutered, please explain:

List all previous pets (within the last 3 years) and the reason you no longer have these pets:

Preferred Veterinarian or Clinic: _____ Phone: _____

Work-related Reference: _____ Relationship: _____

Other Reference: _____ Relationship: _____

Please note that the Program may contact your veterinarian to verify vaccination histories for your pets and will conduct a phone interview with your references.

Adoption Information

Please indicate how you found out about the adoption process at Yale?

Please indicate your reasons for adopting.

Please indicate where the animal will be kept. Also indicate the manner in which the animal will be housed and a description of the enclosure.

Please indicate if the animal will be left alone. Yes No

For how many hours? _____

Where will it be kept when left alone?

By my signature, I certify that I have given correct information and that the information is subject to verification. I also understand that the Program reserves the right to refuse my adoption of any animal.

Signature of Applicant: _____ Date: _____

For Committee Use Only

I have examined this animal and find him/her to be in suitable health and temperament for adoption.

Name of Yale Veterinarian: _____

Signature of Yale Veterinarian: _____

Animal's Vaccination History:

Animal's Medical/Behavioral Information:

Committee Decision: Approved Not Approved

Committee Representative Signature: _____

Date: _____