

**COMPASSION FIRST ANIMAL RESCUE ORGANIZATION**

**Post Office Box 2401**

**Tupelo, MS 38803**

**Phone - 662-842-4029 Fax – 800-464-0789**

**PROVISIONAL ADOPTION CONTRACT: PLEASE READ THE FOLLOWING REGULATIONS CAREFULLY, SIGN ONLY IF YOU AGREE TO THEM!**

1. Adopter agrees at his or her expense to provide adequate and proper quantities of wholesome feed and fresh water, safe and adequate shelter and turnout area, and adequate and regular exercise.
2. Adopter agrees to provide at his or her expense appropriate hoof care no less often than six to eight weeks in the spring and summer months, and eight to ten weeks in the fall and winter months.
3. Adopter agrees to provide at his or her expense any required veterinary attention, such as yearly vaccinations and preventative treatment, including (at minimum) quarterly worming, floating of teeth (as needed), etc.
4. Adopter assumes full financial responsibility for the animal.
5. Adopter shall provide the animal with necessary veterinary care upon sickness, disease or injury.
6. Adopter acknowledges and accepts that it is the policy of Compassion First that no animal will be adopted for breeding purposes. Therefore, Adopter agrees that this animal **will not** be used for breeding purposes under **any** circumstances.
7. Adopter acknowledges and agrees that any animal rescued under Mississippi State Statutes are considered special need animals and are subject to reclaim by the rescuing agency (Compassion First) without process upon evidence of any violation of animal cruelty statutes.
8. Adopter agrees that the adopted animal may not be used for medical or other experimental purposes.
9. Adopter hereby accepts this animal as is, assumes all risks of ownership, including the risk of injury or damage. Adopter hereby completely releases Compassion First from any claim, cause of action, or liability in connection with said animal from this date forward.

Adopter agrees to hold Compassion First, its staff, volunteers, and agents harmless from any claim, cause of action, or demand of any sort as a result of this adoption.

10. If, for any reason, the Adopter is unable or unwilling to care for the adopted animal as set forth in this agreement, Adopter agrees to immediately notify Compassion First. In this event, Adopter agrees to return said animal to Compassion First, and **fully understands and agrees that said animal can not be given away, sold, or exchanged.**

11. Adopter agrees that any agent of Compassion First may visit the Adopter's home prior to or after placement of the animal. If the Adopter fails to comply with any of the terms above, Compassion First retains the right to reclaim this animal. In this event, Adopter agrees to pay Compassion First **LIQUIDATED DAMAGES IN THE AMOUNT OF \$300.00**. The Adopter **ALSO** agrees to pay Compassion First any and all expenses, including court costs and reasonable attorney's fees, in enforcing the terms and provisions of this Contract.

**ADOPTER FULLY UNDERSTANDS AND AGREES THAT THIS ADOPTION IS A CONDITIONAL ADOPTION. ADOPTER FURTHER UNDERSTANDS AND AGREES THAT IF AFTER A PROBATIONARY PERIOD OF SIX MONTHS, ALL CONDITIONS HAVE BEEN MET AS HEREIN SET FORTH, SAID ADOPTION WILL BE FINALIZED..**

**Adopter understands and agrees that provisional adoption fees are non-refundable, regardless of whether the animal is returned to Compassion First.**

**I HEREBY CERTIFY THAT I HAVE READ THE ABOVE AND AGREE TO THE SAME AND THAT THE CONTRACT IS UNDER SEAL**

Adopter's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Approx. Age: \_\_\_\_\_

Color Marking: \_\_\_\_\_ Must be Altered By: \_\_\_\_\_

Vaccinations Due: \_\_\_\_\_ Type: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address where horse will be kept: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Adoption Fee: \_\_\_\_\_

**I HEREBY CERTIFY THAT I HAVE READ THE ABOVE CONTRACT AND  
AGREE WITH THE TERMS AND CONDITIONS OF SAID CONTRACT.  
FURTHER I HEREBY AGREE THAT THIS CONTRACT IS UNDER SEAL.**

Adopter's Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

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

Date: \_\_\_\_\_ Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ E-mail \_\_\_\_\_