

Beaufort
VETERINARY HOSPITAL
288 NC 101
Beaufort, NC 28516
252-838-1966 www.BVHNC.com

I, _____, hereby enter into the following agreement with Beaufort Veterinary Hospital (BVH) to adopt the following animal(s):

_____.

Please initial below

- _____ I understand that I am not being charged an adoption fee.
- _____ I understand that I am responsible for ensuring the animal(s) is/are kept up-to-date on all recommended vaccines and that I am responsible for paying the costs associated with this.
- _____ I understand that I am required to have the animal(s) spayed or neutered. If this is performed at BVH the procedure (surgery, medications) will be free. If this is performed at any other veterinary hospital I will be responsible for all costs associated with the procedure and will provide documentation to BVH that the procedure has been done.
- _____ I understand that I will never have the animal(s) declawed. BVH will accept the animal(s) back if no other solution can be found.
- _____ I attest that I will not permanently transfer ownership of the animal(s) to another party without the approval of BVH.

This the ____ day of _____, 20____.

Printed Name

Signature

BVH witness

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