



Republic of the Philippines
CITY VETERINARY DEPARTMENT
Quezon City, Metro Manila



6th Flr. QC Hall Civic A Bldg., Elliptical, Diliman Q.C. | Email Address: qcvetdepartment@gmail.com | Tel no.: 988-4242 loc.8036

DATE: ✓ _____

NAME OF ADOPTER: ✓ _____

ADDRESS: ✓ _____

CONTACT NO.: ✓ _____

() DOG () CAT GENDER: () N/M () N/F COLOR: _____ BREED: _____

ADOPTION CONTRACT

By signing below, I, the referenced ADOPTER, understand and agree to the following terms and conditions:

1. To provide proper and sufficient food, water, care, shelter and veterinary treatment as this animal may require throughout its lifetime.
2. Not to sell, trade, give away, neglect or abandon the animal. To keep the animal in my custody, as a loved companion and member of my family.
3. I give the QUEZON CITY VETERINARY DEPARTMENT (QCVD) permission to call my home and to inspect the premises under which this animal is kept and if during the time of inspection, the QCVD representative believes those conditions unsuitable or finds the dog unwell and/or manifesting ill treatment whatsoever, I understand, authorize and agree that QCVD shall remove this animal from my control, without prior notice or my permission. I understand that I will not have recourse of any kind resulting from such action.
4. I am responsible for the care and control of the dog/cat and will not permit it to become a public nuisance. I agree to comply with my community's ordinances of animal control and regulation including Animal Welfare Act RA 8485 as amended by RA 10631, and Anti Rabies Act especially on humane treatment and being a responsible pet owner.
5. I will not hold the QUEZON CITY VETERINARY DEPARTMENT, responsible for any present or future illness of this animal or for any damages which the animal may cause to any person or property. I have received Information about common diseases in animal shelters and realize that my animal may have undiagnosed medical problems or may be incubating an infectious condition that could be contagious to my other animals. I accept responsibility for the continued veterinary care of the animal. I understand that QCVD will NOT be able to provide further assistance with diagnosis and management of this animal or any other animal in my household, but will take the animal back with questions asked.
6. I agree to keep the center informed of my current home address and phone number.
7. The contents of this agreement had been fully explained to me both in English, Filipino and/or dialect I understood.

JOHN REX C VILLANUEVA

QCVD VET-III

PROCESSED BY:

✓

SIGNATURE OVER PRINTED NAME

ADOPTION INDEMNIFICATION AGREEMENT

This adoption Indemnification Agreement is executed by the referenced ADOPTER for and in consideration of the sum of 500.00; pursuant to SEC. 44 of the Ord. No. SP 2505 S-2016 also known as Quezon City Veterinary Code. The receipt of which is hereby indemnifies and holds harmless the QUEZON CITY LGU, QCVD, and employees against any and all claims, losses, damages, liabilities, penalties, punitive damages, expenses, reasonable legal fees and cost of any kind or amount whatsoever, including any third-party claims, that may arise out from adoption Contract.

IN WITNESS WHEREOF, ADOPTER has executed this Adoption Indemnification Agreement.

ADOPTER NAME & SIGNATURE: ✓ _____

DATE: ✓ _____

WITNESS NAME & SIGNATURE: ✓ _____

QCVD22-0 _____