

OWNERSHIP TRANSFER CONTRACT AND RECEIPT

Support Our Local Animal Shelter (S.O.L.A.S.)
1204 North 28th Street
Council Bluffs, IA 51501

ADOPTER'S NAME: _____ DATE _____ FILE #: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE 1: _____ PHONE 2: _____ EMAIL: _____
BREED: Cat SEX: _____ COLOR: _____ NAME: _____
Approx Age or Date of Birth: _____ Date of Feluk/Fiv/Heartworm Test: _____
Rabies Tag # _____ Vaccination(s): _____
Rabies Expiration Date: _____ Worming(s): _____
Rabies Given at: _____ Microchip # _____

There are no guarantees real or implied regarding the health or disposition of the above described animal. The animal is adopted "as is" and the new owner assumes all responsibility for treatment of any and all existing conditions or any other conditions of physical or temperament changes that may occur. While we make every effort to place only healthy animals, S.O.L.A.S cannot guarantee the health or disposition of any animal and shall not be held responsible for any medical expenses, which may be incurred after adoption. There are no warranties regarding health, temperament or whether the animal is housebroken. INITIAL: _____

You should take your new pet to a veterinarian for a complete physical and to begin an immunization series. Vaccinations should be continued as prescribed by the veterinarian. Rabies vaccine should be given at four (4) months of age. INITIAL: _____

I agree to license my new companion animal according to local licensing regulations. INITIAL: _____

Any animal adopted from S.O.L.A.S. is spayed or neutered in accordance with Iowa State Code 162.20

For Questions, Concerns or to Return the adopted animal for any reason.

Contact: Info@solaspetadoption.org or 402-577-0213 INITIAL: _____

I, having read and understood the above statements, acknowledge receipt of a copy of this form.

DATE: _____ SIGNED: _____ WITNESS: _____

RECEIPT

Amount Received By S.O.L.A.S.

Adoption Donation: _____

Microchip Donation: _____

Total Donation: _____ **Nonrefundable** **Date:** _____ **Rec'd by:** _____

Drivers Lic #: _____ Paid By: Cash

Expiration Date: _____

CUSTOMER Copy

SOLAS Copy