### ANIMAL ADOPTION AGREEMENT

### Division of Comparative Medicine, University of South Florida

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am adopting the animal described below from the Division of Comparative Medicine, University of South Florida, and agree to be fully responsible for its care, treatment, actions, and well being.

The animal described has been examined by a Division of Comparative Medicine veterinarian and has been determined to be healthy and suitable for adoption.

I have been given a copy of the Division of Comparative Medicine *Laboratory Animal Adoption Program Policy and Procedures*. Having read this document, I attest that I understand the terms under which I take ownership of this animal and agree to fully comply with the conditions of adoption. Additionally, I have had an opportunity to ask any health and husbandry-related questions and each question has been answered to my full satisfaction.

In accepting this animal, I agree to care for it in accordance with all applicable laws and regulations of the animal’s place of residence, or my residence.

By signing this agreement, I acknowledge that I have read and understand the *Laboratory Animal Adoption Program Policy and Procedures* and this agreement, and hereby release and indemnify the University of South Florida and Division of Comparative Medicine, its trustees, officers, employees and agents from any and all liability and expenses resulting from this adoption.

I understand that the University of South Florida accepts no liability for the animal’s continuing care or veterinary treatment, or for any damages arising from my ownership of the animal once it has been removed from the facilities of the Division of Comparative Medicine.

Animal Information:

 Species/Breed: Gender: Age:

 Description: Identification:

New Owner:Comparative MedicineVeterinarian

 Name (printed) Name (printed)

 Address

 City, State, Zip Title

 Signature Signature

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