



ADOPTION CONTRACT- PAGE 1

Name: _____ Phone _____ Work/Cell Phone _____

Address: _____ City _____ State _____ Zip _____

If you have lived at this address less than one year, please provide your previous address:

_____ City _____ State _____ Zip _____

Your home is a: _____ house _____ apartment _____ mobile home You: _____ rent _____ own

Landlord's Name: _____ Phone _____

Place of employment: _____ Supervisor _____ Phone _____

If self-employed, type of business: _____

If not employed, source(s) of income: _____

Do you currently own pets? _____ If so, how many? _____ Please list them below: _____

Type of Pet	Pet's Age	Spayed/Neutered?	Does it live inside/outside/both
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Name of the pet you are adopting _____ pet breed _____

Why do you want this pet? _____

What is your age group? 18-25 _____ 26-39 _____ 40-55 _____ Older than 55 _____

Do you have children at home? _____ Do children visit frequently? _____ What are their ages? _____

Where will this pet be housed? _____ Who will be responsible for its care? _____

How large is your property? _____ less than an acre _____ 1-5 acres _____ more than 5 acres _____ more than 10 acres

Who is/will be your veterinarian? _____ phone _____

If you do not have a vet, please list 2 references, giving their names, phone numbers, and relationship to you. _____

Have you ever surrendered an animal to the HSRC or another rescue organization? _____ No _____ Yes

If you have, why? _____

Have you ever adopted a pet from the HSRC? _____ If so, when? _____ Which pet? _____

Do you still own it? _____ Yes _____ No If not, why? _____

Do you realize the cost of owning a pet is more than \$400.00 per year? _____ Yes _____ No

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Signature _____ Date _____

Approved By (FCP) _____ Date _____

THE HSRC RESERVES THE RIGHT TO REFUSE ADOPTIONS.

Revised 7/18/05



ADOPTION CONTRACT- PAGE 2

1. I understand that only spayed/neutered (fixed) pets are released for adoption by the Humane Society of Randolph County.
2. I will have said pet vaccinated against any and all diseases, such as: rabies, distemper, parvo, etc., and provide proper veterinary care for any and all illnesses and accidents. I will use a qualified veterinarian for required annual check-ups and vaccinations, and will administer heartworm preventative and provide flea and tick protection, at the proper age and/or time. I will provide proof of any and all medical care and treatment, if requested, with two weeks notice. I acknowledge that the first home visit by the HSRC may be made within five (5) working days of the adoption. I agree to answer any post adoption inquiries about the animal, which are made by the HSRC, either by phone, or during a home visit.
3. I will exercise due and reasonable care to ensure that the pet is fed and watered properly and regularly, and is housed in clean safe quarters. He is never to be permanently chained or tied out. The pet is to be contained (fenced) in an outdoor area or be a house pet. He is to be kept in a manner so as not to be a danger to himself or any other animal or person. I understand that the HSRC assumes no responsibility for, nor shall be held liable for, any damage caused by the adopted pet to property, other pets, or persons.
4. I agree not to abuse or neglect the adopted pet. I authorize the HSRC to inspect the pet and its living conditions at any reasonable time, and to determine, at its sole discretion, whether the pet has been abused or neglected. Acceptance of an animal back into the custody of the HSRC is based on the Criteria for Animals to be Accepted into Foster Care.
5. I agree to obey all applicable laws governing control and custody of the animal.
6. As the adopter, I agree not to sell, give, or use the adopted pet for any purpose other than a family pet, unless I obtain written permission from the HSRC.
7. I agree to contact the HSRC if said animal is lost, stolen, or dead. Should any of these occur, no refund or substitution will be made for the animal. To protect the animal, I will provide a safe collar with a rabies and/or current ID tag to be worn at all times, or have a microchip implanted.
8. I will notify the HSRC of any change of address and/or phone number.
9. I understand that the HSRC follows the guidelines of the Humane Society of the United States, and strongly discourages the cosmetic alteration of pets adopted from the HSRC. These alterations include cropping a dog's ears, docking a cat's or dog's tail, and declawing a cat.

I have read and understand the Adoption Contract and agree that failure to comply with this contract may result in the animal being reclaimed by the HSRC, and the forfeiture of all adoption fees.

Signature _____ Date _____



ADOPTION CONTRACT- PAGE 3

THE HUMANE SOCIETY AGREES TO:

1. Give the adopter a copy of this contract when he/she assumes possession and control of said pet.
2. Ensure that any pet offered for adoption, shall be free of all easily treatable medical conditions.
3. Provide a medical record of any known treatments already performed on said pet.
4. Assist the adopter in placing the pet back into foster care, as soon as possible, should the adopter be unable to care for said pet.

Type of pet: (dog, cat, other)_____Breed:_____

Pet's name:_____ Age_____ Sex:_____male_____female

Description of pet:_____

This contract is made between_____

and the HSRC on the_____day of _____, 20_____.

The non-refundable fee for the adoption of this pet is \$_____.00, paid by cash____ check____ check #_____

Any and all veterinary treatments necessary after the adoption of this pet, will be the sole responsibility of the adopter.

Signature of Adopter_____Date_____

Signature of Foster Care Chairperson_____Date_____



ADOPTION CONTRACT – PAGE 4

VACCINATION RELEASE FORM

The HSRC accepts into foster care, pets which have been surrendered, abandoned, or rescued. All pets adopted from the HSRC have been examined and vaccinated by a veterinarian. They are not currently showing signs of infectious disease or rabies. We do not know if said pets have been exposed to infectious disease or rabies.

RABIES TAG NUMBER _____ DATE GIVEN _____

VETERINARIAN _____

VETERINARY HOSPITAL OR CLINIC _____

I/We agree not to hold the Humane Society of Randolph County, any of its officers, directors, or members responsible for injuries or damages from this pet, whether related to rabies or otherwise.

Signature of Adopter _____ Date _____

Signature of Foster Care Chairperson _____ Date _____