

# ADOPTION CONTRACT

Thank you for adopting a Humane Society of Tuolumne County (HSOTC) shelter animal.

To adopt an animal, you have already met the following criteria:

1. Must be 18 years of age or older.
2. Provided correct information and identification showing your current address for verification purposes.
3. Completed a counseling session with a knowledgeable member of our staff.
4. Submitted your landlord's name and phone number with written approval, if you rent.
5. You understand that your application to adopt must be approved.



## Adoptive Animal's Information

Animal Type: Dog  Cat  Other  (specify) \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: Male  Female  Age: \_\_\_\_\_ Date of last veterinary check-up: \_\_\_\_\_

Next vaccinations needed \_\_\_\_\_

Spay and neuter certificate issued? Yes  No  Spay and neuter certificate # \_\_\_\_\_

Animal must be spay/neutered by: \_\_\_\_\_

Specific to spay and neuter, I agree to the following (initial each agreement)

- a. If a spay and neuter voucher has been issued to me, I understand that it is my responsibility to spay/neuter the animal by the date indicated above. \_\_\_\_\_
- b. I also understand that the HSOTC will follow-up if the confirming voucher has not been received within two weeks of the date to be completed to confirm that the animal has been spay/neutered. \_\_\_\_\_
- c. In addition, the HSOTC reserves the right to follow-up with my veterinarian to confirm that the animal has been spayed/neutered. \_\_\_\_\_

## About You

How did you hear about our HSOTC adoption program? Friend/Family  Newspaper  Radio  Television   
Website  Other  (specify) \_\_\_\_\_

Are you currently a member of the HSOTC? Yes  No  Unsure

Do you consider your animal experience to be? First Time Owner  Have Had One or Two Animals

Knowledgeable and Experienced

## Applicant Information

(Please print)

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

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip \_\_\_\_\_

How long have you lived at this residence? \_\_\_\_\_ Weeks  Months  Years

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_

## Applicant Information (continued)

Do you: Rent\*  Own  Live with parents?  If you rent, are animals allowed in your residence? Yes  No

\*We will require a copy of the landlord's written permission before we can release the animal.

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this animal adoption for: Yourself  Immediate Family  Someone Else

Will this animal be kept primarily: Indoors  Outdoors  If outdoors, is your yard fenced? Yes  No

Describe the activity level in your home: Busy  (visits by friends, meetings, children, parties at home);

Noisy  (television, stereo, machinery, tools, children playing, dog barking); Moderate  (normal comings and goings);

Quiet  (homebodies, few guests); Other  (specify) \_\_\_\_\_

Are there children in your household? Yes  No  Ages: \_\_\_\_\_

Are there other members in your household? If so, please list: \_\_\_\_\_

What other types of animals do you own? \_\_\_\_\_

Age(s) \_\_\_\_\_ Sex: Male  Female

Are your other animals current on all vaccinations? Yes  No  Do you plan to chain or tether your animal? Yes  No

How many hours per day to you plan to spend with your animal? \_\_\_\_\_

Would you say you are? Home all day  Out part-time  Away 7-10 hours daily  Able to bring your dog to work

Have you ever given up your animal(s) for adoption in the past? Yes  No  If yes, please give us details: \_\_\_\_\_

Do you currently have a veterinarian? Yes  No  If yes, who is your veterinarian\*\*? \_\_\_\_\_

\*\*We reserve the right to verify with your veterinarian that you are, in fact, a client.

### I AGREE TO THE FOLLOWING ADOPTION CONDITIONS: (Initial each agreement)

1. To provide food, water, shelter, and kind treatment always. \_\_\_\_\_
  - A. Cats will not be declawed. \_\_\_\_\_
  - B. Animals will be indoor/outdoor. \_\_\_\_\_
2. To have the animal vaccinated for all regular vaccinations, including rabies, and obtain any other medical treatment necessary. \_\_\_\_\_
3. I will not sell, give away, or abandon the animal. If for any reason I am no longer able to keep the animal, I will return him/her to the HSOTC. \_\_\_\_\_
4. **A designated representative of the HSOTC will be able to examine the animal(s) and his/her living conditions at any time with 24 hours notice.** \_\_\_\_\_
5. The animal will not be used for experimentation or vivisection. \_\_\_\_\_
6. If the animal becomes sick or injured, I will take the animal to a veterinarian for treatment as quickly as possible. \_\_\_\_\_
7. If said dog has been vaccinated for rabies, I will obtain a county dog license within 30 days of adoption and provide a copy of the license to HSOTC within 45 days of adoption. \_\_\_\_\_
8. I will obey leash laws of the community and will not let the animal roam at large to become a public nuisance. \_\_\_\_\_
9. I will get said animal spayed/neutered no later than (date). \_\_\_\_\_
10. I am committed to care for this animal for his/her lifetime. \_\_\_\_\_
11. This animal can be reclaimed by HSOTC at any time if any violation of the agreement is found to exist. \_\_\_\_\_
12. The animal may be returned to HSOTC within four working days of adoption for a full refund for medical reasons. \_\_\_\_\_
13. I have had heartworm prevention explained to me and I commit to continuing treatment. \_\_\_\_\_
14. I will not leave my animal in a parked car during warm and hot weather months. \_\_\_\_\_

I have read, understand, acknowledge and agree to the conditions above. I also hereby acknowledge by my signature below that the HSOTC takes whatever steps are necessary to guarantee the health of every animal adopted from its shelter. However, should a

medical condition arise within a period not to exceed two weeks from the date of adoption, and the source of which is believed to have originated from our shelter, the HSOTC'S obligations, if any, shall not exceed the total cost of \$50 for veterinary fees, medications, or any other associated expenses. In addition, if you return an animal after 30 days from date of adoption, all adoption fees are non-refundable. And, if you return an animal after 45 days from date of adoption, a surrender fee may apply.

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

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

## Disclosure and Release

I, \_\_\_\_\_, the undersigned adopter, do hereby declare that I am aware:

1. that animals are different from human beings in their responses to human actions;
2. that the actions and reactions of animals are unpredictable;
3. that animals should be supervised when they are with children;
4. that an animal's behavior may change after he/she leaves the shelter and accustoms him/herself to a home or other different environment;
5. that the HSOTC makes no claims or representations as to the temperament, health, or mental disposition of any animal put up for adoption; and
6. that the HSOTC systematically documents in a written record any aggressive behaviors exhibited by any animal, whether witnessed by staff or volunteers of the HSOTC. This disclosure and release supersedes any and all prior discussions, representations and agreements, whether written or oral, and expresses the entire understanding between the undersigned Adopter and the HSOTC ("parties") regarding the matters described above. The parties confirm that no other promises, representations or oral understandings have been made with regard thereto.

This agreement may be amended, but only by a written instrument signed by both parties.

By my signature below, I \_\_\_\_\_ (name of adopter), hereby accept custody, care, control (subject to conditions in the adoption contract) and responsibility for the animal identified in the adoption contract and hereby acknowledge that I have read the above disclosures and all questions I have regarding those disclosures have been answered by the HSOTC to my satisfaction. I also acknowledge that I release and discharge the HSOTC forever from liability of any injury or damages to any person or property caused in the future by said animal, and from any causes of action, claims, suits, or demands whatsoever that may arise as a result of such injury or damages.

**Adoption may be delayed up to 72 hours until Tuolumne County Animal Control (TCAC) has obtained the information listed below.**

**(Please initial each agreement below.)**

I authorize the HSOTC to contact and obtain from TCAC information including but not limited to: past contact by TCAC with me at my current or former addresses; and impound, licensing and veterinary history on animals currently or previously owned by me. \_\_\_\_\_

I authorize the sharing of veterinary medical information regarding my animals between veterinarians and the Humane Society of Tuolumne County and release said veterinarians from any liability for providing this information. \_\_\_\_\_

Dated: \_\_\_\_\_ Adopter: \_\_\_\_\_

Dated: \_\_\_\_\_ HSOTC: \_\_\_\_\_

### Payment Information:

Fees Paid: \_\_\_\_\_ Adoption Fee: \_\_\_\_\_ Spay/Neuter Deposit: \_\_\_\_\_

Cash Amount: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Credit Card Amount: \_\_\_\_\_

Processed by: \_\_\_\_\_ (HSOTC Representative)

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