

PENDER COUNTY HUMANE SOCIETY

*A No-Kill, Non-Profit Animal Rescue Organization
Post Office Box 626, Burgaw, North Carolina 28425
(910) 259-7022*

ADOPTION AGREEMENT

We ask that you give careful consideration to adopting a companion animal. Animals are neither toys nor short-term commitments. Make sure that your lifestyle allows the time, patience and expense that this animal will need over the next ten years or longer.

ALL ADOPTIONS ARE ON A TRIAL BASIS. Adoption fees are non-refundable after two days. This Adoption Agreement ("Agreement") is a legally binding contract. If you have any questions regarding your new pet, please call a member at the number listed at the top of this Agreement

Thank you for supporting the Pender County Humane Society!
*COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ADOPTION OF A
PENDER COUNTY HUMANE SOCIETY ("PCHS") ANIMAL.*

PART I: APPLICATION AND ADOPTER INFORMATION:

Please print the following information on both sides. Thank you!

Name: _____

Street Address: _____

Mailing Address: _____

City/State/Zip: _____

Driver's License Number: _____ State of Issue: _____

Work Phone: () _____ Home Phone: () _____ Other: () _____

Email: _____

A minimum of two (2) telephone numbers must be provided. Email is easiest to contact you with.

Employer: _____

Length of time employed: _____

In which do you live? (Circle one)

House Apartment Condominium Mobile Home Other:

Do you rent or own your home? (Circle One) Own Rent Live with Parent/Guardian

Contact information for landlord including phone number (If applicable):

Length of time at current residence:

Expiration date of lease:

Pets allowed? Yes No Is there a weight limit restriction on the lease? Yes No

Is this your first pet? Yes No

Veterinarian (If applicable): _____

Name of veterinary hospital: _____

Personal reference (If no veterinarian reference) _____

Address and Telephone number: _____

Name(s) of animal(s) previously/currently under veterinary care: _____

What kind of pet(s) have you owned in the past? _____

Which of these pets do you still own? (Include name, age, sex, and breed) _____

Where do you keep these pets? _____

Have these pets been spayed or neutered? Yes No

What happened to the pets you no longer own? _____

May we call your veterinarian for a reference? Yes No

Why do you want this animal? (Circle all that apply)

Personal/Family companion Companion for other pet House pet Watch dog

Guard dog Hunting dog Personal protection Other: _____

How many adults are in your family? _____

How many children? _____ Children's ages? _____

Does any member of your household have an allergy to animals? _____

Is someone home during the day? Yes No Who? _____

Where will this pet be kept during the day? _____

At night? _____

How many hours a day will the animal be alone? _____

Explain: _____

Will you keep the animal up to date on vaccinations? _____

If you go away for a few or on vacation, who will take care of the animal? _____

If you move, will you take the animal with you? Yes No

What will you do with the animal during a hurricane? _____

Have you ever applied to adopt an animal before? Yes No

From what organization? _____

Has any such application ever been denied? Yes No Explain: _____

Have you ever asked a shelter to take an animal? Yes No Explain: _____

Have any of your pets ever had a litter of babies? Yes No

Are you willing to allow PCHS to inspect where the animal will be living? Yes No

Are you willing to take responsibility for this pet for the next ten to fifteen years? Yes No

If you drive a pickup truck, would you allow a dog to ride in back? Yes No

If yes, how would you ensure their safety? _____

Would you be able and willing to exercise a dog on a regular basis? Yes No

Method of exercise: _____

PART II: ACKNOWLEDGEMENT AND AGREEMENT

PLEASE READ AND INITIAL BESIDE EACH STATEMENT THAT APPLIES TO YOU

_____ (Dogs only) I have a fully fenced yard with a height of (circle one) 4 feet 5feet 6feet

_____ (Dogs only) I understand that at NO TIME will any puppy/dog be chained, tied, or put on a run in my yard.

_____ (Dogs only) I understand that at NO TIME will any puppy/dog run loose without supervision.

_____ (Dogs only) I understand the nature of heartworm disease.

_____ (Dogs only) I will provide monthly heartworm prevention pills – every month on the SAME day or six month heartworm shots for the life of my dog.

_____ (Dogs only) I understand that these pills can only be provided by veterinarian.

_____ I understand that I am fully responsible for the health of my pet.

_____ I understand that al pets require annual vaccination.

_____ I understand that the first rabies vaccination is a one-year shot and that the following vaccinations are three-year shots.

_____ Any health conditions (known to PCHS) have been explained to me.

- _____ I have had the flea/tick control methods (Frontline, Advantage, etc.) explained to me and understand that I am fully responsible for maintaining the flea/tick prevention for this animal.
- _____ I am aware of the long term financial responsibility for the proper care of this animal and I hereby assure PCHS that I am financially able to maintain the health and other up keep for this animal.
- _____ I will under NO CIRCUMSTANCES abandon this animal, give this animal to another person, bring this animal to any other shelter, or sell this animal to a laboratory.
- _____ I will return this animal to PCHS if I am unable to keep this animal for any reason. (Advanced notice of return is necessary)
- _____ I will not keep the animal on leased or rented property where a “No Pets” policy is in force.
- _____ I will obey all applicable laws, restrictions, and ordinances in my community governing the control and custody of animals.
- _____ I will provide the animal with immediate veterinary care upon sickness, disease, or injury.
- _____ I will allow PCHS to visit my property without prior notification in order to ensure that I am in compliance with this Agreement.
- _____ I will hold indemnify and hold harmless PCHS for any veterinary fees or claims incurred by, or damage caused by, the animal while it is in my care.
- _____ I will notify PCHS IMMEDIATELY if the animal is lost or stolen and will make all reasonable efforts to locate the animal.
- _____ I will ensure that any animal I have adopted which requires additional vaccinations has such vaccinations at the age appropriate time.
- _____ I understand that any animal that is not given the appropriate vaccinations within the required time period (unless otherwise directed by a veterinarian) may be confiscated by PCHS.
- _____ I agree to treat this animal with kindness, to never subject this animal to abuse or cruelty, and to authorize PCHS – at its sole discretion – to determine if this animal has been abused or neglected.
- _____ I agree to provide regular veterinary care, including annual shots and parasite checks as needed.
- _____ I agree to allow PCHS to periodically check on this animal and to contact my veterinarian in order to confirm treatments.
- _____ I understand that non-compliance with any of the terms and conditions contained herein may result in the immediate forfeiture of the animal and PCHS may reclaim the animal without payment of compensation to me.
- _____ I understand that if any of the information I have supplied herein is found to be false, then PCHS has the right to immediately confiscate the animal.
- _____ I acknowledge that PCHS has explained the typical characteristics and temperaments of the animal to the best of its knowledge and ability.
- _____ I understand and acknowledge that PCHS has advised me that the animal can sometimes sharpen its claws on furniture, curtains, etc. unless provided with appropriate scratching tools and unless I keep its claws clipped regularly. I understand that dogs will chew. Chew toys may be given to help prevent damage to your property.
- _____ I acknowledge that PCHS has supplied me with a health/vaccination sheet on this animal.
- _____ I understand and acknowledge that PCHS has advised me that this animal may have been neglected, mistreated, or abused and that special care or precaution may be required.
- _____ I acknowledge that any notices sent to PCHS as required by this Agreement must be sent via first-class mail to the address appearing at the top of this agreement.

_____ I agree to take this animal for veterinary care within four weeks.

Health Disclosure: The Pender County Humane Society would like to thank you for providing your new pet with a good home. You have adopted a pet that needed your care and affection and will provide you with years of appreciation. To help insure the health of your new pet we have evaluated and cared for it by providing the following medical services.

Dogs: Your dog has been spayed or neutered, treated for heartworms, vaccinated for Distemper, Bepatitis (CAV-2), Parainfluenza, Canine Parovirus, Corona, Leptospirosis, Bordetella and Rabies, treated for fleas and ticks and wormed for hookworms, roundworms, whipworms and tapeworms. Your dog has not been vaccinated for Lyme disease, tested for internal parasites, intestinal protozoan or external parasites. Your dog, according to our test which must be given again in 6 months, currently does not have heartworms. You must place them on a monthly pill in order to prevent them from contracting this disease.

Cats: Your cat has been spayed or neutered, tested for feline leukemia, feline immunodeficiency virus, vaccinated for feline panleukopenia, feline rhinotracheitis (FVR), calicivirus (FCy), chlamydia, feline leukenlia and rabies, treated for fleas and ticks and wormed for hook, round, whip and tape worms. Your cat has not been vaccinated for feline infectious peritonitis (FIP), tested for internal parasites, heartworms, intestinal protozoan or external parasites.

Puppies and kittens will need additional vaccinations. They are not considered immune to disease unless they receive follow up vaccinations up to the age of twenty weeks.

Animals adopted from PCHS may have been exposed to various diseases from contact with other animals. Wildlife rabies is currently prevalent in this area of North Carolina. A dog, cat, or other animal that is bitten by or otherwise exposed to a rabid animal may not develop symptoms for up to six months. During this incubation period, the exposed animal may not be protected against rabies. Although all of the animals in PCHS' possession have been carefully checked by a veterinarian for signs of infection, it is important that you know the following symptoms of rabies in your pet: change in behavior, vicious or nervous activity, difficulty swallowing, excessive drooling, difficulty walking, or paralysis. If your adopted pet develops any of these symptoms, immediately separate the animal from people and other animals until it can be examined by a veterinarian.

PCHS strives to screen animals and to inform prospective owners of any perceivable problems, but some problems may not be evident at the time of adoption. If an adopted animal has a health problem for which the Adopter does not want to assume responsibility, then the animal should be returned to PCHS within thirty (30) days with a statement from an attending veterinarian regarding the condition diagnosed.

PART III: Animal Information

(Circle one) Dog Cat Adoption Location: _____ ID# _____

Name (given by shelter) _____ Breed _____

Color: _____ Sex: Male Female Neutered Spayed

Approximate Date of Birth or Age: _____

Date rabies vaccination is due: _____ One-year vaccine tag number: _____

NOTE (dogs only): You will need to take your dog to your personal veterinarian before the next due date for heartworm preventative. You will need to bring the dog's health records to register the dog.

Next due date for heartworm preventative: _____

Next due date for vaccines: _____

Specific medical treatment required: _____

By signing this Agreement, Adopter hereby agrees to all the requirements herein contained. Adopter also agrees that the animal will be cared for and supervised in accordance with the restrictions, ordinances and laws of Adopter's community. Adopter understands that PCHS cannot guarantee the health, temperament or training of the animal and hereby further releases and holds harmless PCHS from any claim, cause of action or liability for any injury or damage to person or property once the animal is in Adopter's possession.

Adopter further understands that this Agreement constitutes a legally binding contract and is non-transferable. If, in PCHS' sole discretion, the animal appears to have been subjected to abuse or mistreatment of any kind, if the conditions of this Agreement are violated, or any false information has been provided herein, then P.C.H.S. may repossess the animal at any time and/or take whatever legal action PCHS deems appropriate in order to protect the adopted animal. Adopter remains responsible for all court costs, including reasonable attorney fees, incurred by PCHS in any such action. Adopter further agrees that, if PCHS determines -

- at any time - that any of the provisions of this Agreement have not been fully honored, then Adopter shall return the animal (within twenty-four hours) to PCHS upon demand.

Signature of Adopter

Date

Print name of Adopter

Date

Signature of PCHS Volunteer

Date

Print Name of PCHS Volunteer

Date

\$ _____ (Non-refundable Adoption Fee Received)

(Circle one) Cash Check

Supplemental Adoption Form (To be used for Adoptions only)			
Adopter(s)			
Mailing Address			Apt. Number
City	State	Zip Code	Adoption Date
Animal Type (Dog or Cat)		Animal Name(s)	Adoption Date

Adoption Fee(s) only

Donation amount (in addition to adoption fee)