

# 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.



10040 Victoria Way  
Jamestown, Ca 95327  
209-984-5489

## 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

As part of the Hill's Science Diet Food, Shelter & Love Program, you qualify to receive special offers via e-mail from Hill's. Please indicate whether you wish to opt-in or opt-out of this program.

\_\_\_\_\_ Opt-in\* \_\_\_\_\_ Opt-out \_\_\_\_\_ Initials

\*By opting-in, Hill's Pet Nutrition values you and your pet's privacy. We do not rent, sell or give away your e-mail address and Hill's will only contact you if you give them permission to do so.

## 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: \_\_\_\_\_

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

Do you have a fenced yard or large dog run? Yes  No  Will this animal be kept primarily: Indoors  Outdoors

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 do 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\*\*? \_\_\_\_\_  
Name

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you feel you are financially able to assume the care, feeding, health, and well-being of the animal you are adopting? Yes  No

If no, please explain: \_\_\_\_\_

**\*\*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. **I will take the animal in for the "free vet visit" within the allotted time period and I understand if I do not comply with this requirement, the HSOTC may reclaim the animal.** \_\_\_\_\_
7. If the animal becomes sick or injured, I will take the animal to a veterinarian for treatment as quickly as possible. \_\_\_\_\_
8. **All dogs must be vaccinated for rabies,** I will obtain a county dog license within 30 days of adoption and provide a copy of the license to HSOTC. \_\_\_\_\_
9. I will obey leash laws of the community and will not let the animal roam at large to become a public nuisance. \_\_\_\_\_
10. **I will get said animal spayed/neutered no later than the date on the voucher form and if I fail to comply the HSOTC may reclaim the animal.** \_\_\_\_\_
11. I am committed to care for this animal for his/her lifetime. \_\_\_\_\_
12. This animal can be reclaimed by HSOTC at any time if any violation of the agreement is found to exist. \_\_\_\_\_
13. The animal may be returned to HSOTC within four working days of adoption for a full refund for medical reasons. \_\_\_\_\_
14. I have had heartworm prevention explained to me and I commit to continuing treatment. \_\_\_\_\_
15. 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.

**PLEASE NOTE: If you return an animal after adoption, for any reason, and you placed a hold deposit on that animal, your hold deposit is non-refundable. In addition, the following refund disclosures apply: 1) if an animal is returned after one week (7 days) from the date of adoption, 50% of the adoption fees will be refunded; 2) if an animal is returned after 30 days from the date of adoption, all adoption fees are non-refundable; and 3) if you return an animal after 45 days from the date of adoption, a surrender fee may apply and the HSOTC has the right of refusal if the animals's health or behavior as deteriorated to the point of becoming un-adoptable. The HSOTC will perform a health and behavior evaluation without the owner present since animals behave differently when their owner's are in the room.**

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

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

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

## REFERENCES

Please provide us with three personal references:

**Reference #1:**

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

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

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Reference #2:**

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

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

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## GUARDIAN DOG DISCLAIMER

Name of Dog \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

I \_\_\_\_\_ am adopting the above named dog. I understand that said dog is a Guardian breed and will be very protective of his/her home and family. I will make sure that, when outside, he/she is always in a secure fenced environment or on a leash and not allowed to run loose. I also understand that it is very important that I continue to train said dog in obedience and work on extending his/her socialization with people both inside and outside my home and in environments foreign to him/her.

I take full responsibility for the above dog's care, well-being, ongoing training and behavior and will keep him/her in a safe and secure environment.

I also understand and accept the policy of the HSOTC that quarterly home visitations by HSOTC staff will continue up to the first year of my adopting this dog.

\_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Witness Signature of HSOTC Representative

As part of our marketing we are developing a slide show with photos of our adopters and their new pet(s).

If you would be interested in being a part of our slide show, please mark the appropriate box.  Yes  No \_\_\_\_\_ Initials

Thank you.