



Adoption Application/Contract
The Humane Society of Randolph County

PO Box 4384 Species: _____
Asheboro, NC 27204
336-629-PETS www.hsrbcpets.org

Name _____ Phone _____ work/cell _____ Date ____/____/____

Address _____ City _____ State _____ Zip _____

If at this address less than a year, previous address _____

Do you own__ rent __ your home? If you rent, Landlord _____ phone _____

Do you live on: less than an acre _____ 1-5 acres _____ 5-10 acres _____ more than 10 acres _____

Why do you want this pet?

Where will it live (type of containment)

Who will care for it?

Veterinarian _____ Phone _____ **OR** two references/relationship to you:

Did you ever surrender a pet to a rescue/shelter. _____ If yes, why?

Have you adopted from us before? _____ which pet? _____ when? _____ Do you still have it? _____

If not, why?

Do you know the cost of owning a pet is more than \$400.00/year? _____ If employed-place of employment _____ if not, source of income _____

Your age group is: ____18-39 ____40-49 ____50-59 ____60-65 ____older than 65

Do you have children _____ or do children visit often _____? If yes, their ages:

What pets do you now have? Age? Spayed/Neutered? Live inside/outside/both?

- 1.
- 2.
- 3.
- 4.

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT

Applicant's signature: _____ Date _____ e-mail _____

Pet's name: _____ type of pet _____ Breed _____

Description _____ Male _____ Female _____

Non refundable adoption fee \$ _____ cash _____ check # _____ bank _____

How did you learn this pet was available for adoption? _____

HSRC RESERVES THE RIGHT TO REFUSE ADOPTIONS

Revised 7-15-09

- 1) I realize only spay/neutered pets, vaccinated for rabies, are released for adoption by the HSRC.
- 2) I will use a licensed veterinarian for annual exams, vaccinations, and treatment of illnesses and injuries. I will administer heartworm preventative (dogs) and use flea and tick protection (dogs and cats).
- 3) I will provide HSRC proof of medical care/treatment (with a two week notice). I agree to a home visit by HSRC within 5 working days of the pet's adoption. I will honestly answer post-adoption inquiries.
- 4) I will provide the pet's basic needs: daily food and water; clean, safe quarters (not chained or tethered), will walk him on a leash or provide a fenced area, and treat him as part of my family. I will keep him in a way so as not to be a danger to himself or any other animal or person.
- 5) I will not neglect or abuse the pet, and will allow the HSRC to inspect it and its living conditions at any reasonable time to determine, at its discretion, whether the pet has been neglected or abused.
- 7) I will obey all laws governing control and custody of the pet, and will not give, sell, or use it for any purpose other than a family pet, unless I have written permission from the HSRC to do so.
- 8) I will provide the pet a safe collar and a rabies and/or current ID tag and/or a microchip. If the pet is lost or stolen, the Humane Society will not provide a refund or substitute another animal.
- 9) I understand the HSRC follows guidelines of the Humane Society of the United States which strongly discourage cosmetic alteration of animals (cropped ears, docked tails, de-clawed cats, etc).
- 10) The HSRC accepts pets back from adopters, if possible, based on: *Criteria for Accepting Animals into the Animal Welfare Program.*
- 11) The HSRC is not responsible for any damage caused by the pet to property, other pets, or persons.

VACCINATION RELEASE FORM

HSRC accepts pets that are abandoned, surrendered, or rescued. All pets for adoption have been examined by a veterinarian and vaccinated, and do not currently show signs of infectious disease or rabies. We do not know if the pets have been exposed to infectious disease or rabies.

Rabies Tag Number: _____ Date Given: ___/___/___ Given by: _____

Veterinary Hospital or Clinic: _____

I/We agree not to hold Humane Society of Randolph County, its officers, directors, or members responsible for injuries or damages from this pet whether related to rabies or otherwise. Any and all veterinary treatments needed after the adoption of this pet are the sole responsibility of the adopter.

This contract is made between: _____ and the HSRC on (Date) ___/___/___

Signature of Adopter: _____ date: _____

Signature of HSRC Caretaker _____ date: _____

Signature of Animal Welfare Committee Chair: _____ date: _____

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