



PET ADOPTION CONTRACT

PO Box 55

Osceola, MO 64776

(417) 646- 2323

I/We, the undersigned Adopter/s, understand and agree to the following terms of this contract in order to adopt the pet, further described within this document. I/we understand that non-compliance with the terms of this agreement gives the former owner the right to reclaim this pet without refund of the adoption fee or other compensation. The contract shall remain in effect for the life of the pet, or until the return of the pet to Owner.

# Description of Pet:

Pet’s Name: Breed: Age/DOB: \_\_\_\_\_\_\_\_\_\_

Sex: Spay/Neuter: Color/Description: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchip: Name of Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Telephone Number: \_ Address: \_ Date of last known vaccinations and health check: \_\_\_\_\_\_\_\_\_\_

 Exam: Rabies: Feline Vaccination: FVRVP-P\_ Rabies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dogs Vaccinations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heartgard Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flea & Tick Due: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Known health conditions/treatments or other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and Conditions of the Adoption Contract:**

An adoption fee of $\_\_\_\_\_\_\_\_\_\_\_\_ will be collected from the adopter at the time of adoption.

I agree that I will keep and care for this pet in a safe and humane manner, and as a family pet and companion. The pet will have appropriate food, water, shelter and medical care for the duration of its life.

I agree to abide by all state and local animal control and leash laws. I understand it is my responsibility to become familiar with these laws and to license the pet according to all regulations.

I shall inform R.A.V.E. Rescue within 14 days of adoption or 7 days prior to owner surrender, if I am no longer able to care for this pet.

I understand that R.A.V.E. Rescue and/or Helen Johnson Memorial Animal Shelter make no guarantees or warranties regarding the health or temperament of this pet. I agree to be fully and solely responsible for this animal, and for any damages that may result from its actions. The former owner, its heirs or representatives, shall not be held liable for the behavior of this pet or any damages it may cause.

I enter into this contract of my own free will and understand that this is a binding contract enforceable by civil law. **Adopter’s Signature: Date: \_**

To the best of my knowledge, this pet has no defects which make it unsuitable as a family pet and all information contained in this contract is true and correct. I certify that this pet has never bitten or injured any human.

**Rescue Representative Signature:**

**Adopter Information**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_**

**STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_**

**ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OTHER PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BEST TIME TO REACH YOU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.L. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOUSEHOLD**

**Please list the names, ages and relation of all in the household:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DWELLING INFORMATION**

**What type of housing do you live in? (Apt/Condo, Townhouse, Single Family….)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What pets do you currently own? How long have you owned them?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_

**If you currently own a pet, is it spayed/neutered?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Where will the pet stay during the day? During the night?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who will be the primary caretaker of the pet?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you willing to have someone from** Helen Johnson Animal Shelter **visit your home for a home visit?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL REFERENCE INFORMATION**

**Please supply names and telephone numbers for 3 personal references not related to you, including your veterinarian**

**1.**

**2.**

**3.**