

# HANDFULS ON PURPOSE ENTERPRISES



## HOPE ADOPTION AGREEMENT

The animals available for adoption come to us in a variety of ways. All animals are examined and their health monitored while they are in our care. However, due to stressful situations under which many animals come to us, there is always the chance that an animal is incubating a disease without showing clinical signs. Therefore, we strongly recommend that you schedule a visit with your veterinarian within three days of the adoption date. HOPE believes this animal(s) to be in good health, but does not guarantee the health of any animal or assume financial responsibility for future veterinary costs.

I understand and agree with the above statement: \_\_\_\_\_ (initials)

In order to adopt an animal from HOPE you must:

- Be 18 years of age or older
- Have a valid driver's license
- Provide a form of identification showing your present address
- Provide your veterinarian's name and complete phone number
- Agree to provide daily care, training if necessary, kind treatment and vet care as needed, including all vaccines and heartworm preventative.
- If you rent, you must provide your landlord's name, phone number and lease expiration date. We will call to verify all information.
- Be able to meet all necessary requirements so that this adopted pet can live a happy, healthy, safe life for the rest of its life with you.
- Agree to a home visit prior to adoption as well as a follow-up visit in the future.

Anyone who intentionally misleads or fails to provide accurate information on the Adoption Application Form will be denied all adoption rights

Thank you for your compassion and for understanding the importance of our adoption process.

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

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## HOPE PROSPECTIVE OWNER ADOPTION INFORMATION REQUEST

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

Address (including City, State and Zip Code): \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s): (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Are you over 18? (Yes / No) Drivers License number: \_\_\_\_\_

Your occupation and work schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of your employer? \_\_\_\_\_

Are you married? (Yes / No)

How many people live in your household? \_\_\_\_\_ Number of adults? \_\_\_\_\_

Number of children: \_\_\_\_\_ their ages: \_\_\_\_\_

Is everyone in the household in favor of adopting a pet? (Yes / No)

Do you live in a house, apartment, duplex, mobile home or other? \_\_\_\_\_

Do you own or rent? \_\_\_\_\_

If you rent, do you have permission from the landlord to have an animal at your residence? (Yes / No)

Please provide you landlords name and phone number: \_\_\_\_\_  
\_\_\_\_\_

Please list breed, age, and sex of all dogs currently on your property: \_\_\_\_\_  
\_\_\_\_\_

Are all dogs spayed or neutered? (Yes / No) If no, please explain why not: \_\_\_\_\_  
\_\_\_\_\_

How long have you owned each dog? \_\_\_\_\_

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How many cats, if any share your household? \_\_\_\_\_

Are these cats spayed or neutered? (Yes / No) If no, please explain why not: \_\_\_\_\_

Where will this pet reside? \_\_\_\_\_

Do you have a fenced yard? (Yes / No) If so, what type of fence do you have? \_\_\_\_\_

What is the height of the fence? \_\_\_\_\_

What type of shelter will the pet have? \_\_\_\_\_

Where will the pet spend the most time? (Inside / Outside)

Where will the pet stay when you and/or the family is not home? \_\_\_\_\_

If you have had pets in the past but no longer have them, briefly share how long you had them and what happened to them: \_\_\_\_\_

\_\_\_\_\_

Briefly explain why you want to adopt this pet: \_\_\_\_\_

\_\_\_\_\_

What would constitute a reason for giving up this pet? \_\_\_\_\_

Please provide the name, full address and phone number (with area code) of at least one veterinarian reference that is handling your pets annual/maintenance medical care: \_\_\_\_\_

\_\_\_\_\_

How do you treat your animals to protect them against Heartworms? \_\_\_\_\_

Are all the pets that you have now, current on their vaccinations? (Yes / No)

If this pet becomes ill or injured, do you have the means to cover medical costs? (Yes / No)

Would you object to a home visit by shelter staff prior to the adoption? (Yes / No)

Would you object to a home visit by shelter staff after the adoption? (Yes / No)

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Please provide two personal references whom we may contact. References should know you, your home and record of pet care and preferably unrelated to you. Please provide names addresses and complete phone numbers including area code:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to fill out this form. All information requested is helpful in matching prospective homes with the right pet. Upon receipt of this information, we will try to get back to you as quickly as possible.

## DISCLAIMER

There is no guarantee made, express or implied, that any person requesting to adopt a pet through HOPE will automatically be approved. All adoptions are subject to acceptance base on a review process that requires collecting information from references and visiting the applicant's home. HOPE reserves the right to refuse to adopt to anyone without disclosing the reasons.

PLEASE NOTE: BY COMPLETING THIS APPLICATION AND PROVIDING A VET REFERENCE, YOU ARE GIVING HOPE EXPRESS AUTHORIZATION TO CONTACT AND CONFIRM VET CARE OF YOUR CURRENT AND PAST ANIMALS.

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

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

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## ADOPTION CONTRACT

I understand that if this pet has not already been spayed or neutered, that I must make arrangements to have this pet spayed or neutered in accordance with State Law at 4 months of age.

I understand that due to the cost involved in veterinary care, feeding, sheltering and training of this pet, that there will be no refund for pets that are returned. Please, if you think, for any reason, that you cannot commit unconditionally to this pet for the rest of its life, do not proceed with the adoption process.

If for any reason I cannot keep the pet I adopt, I agree and promise to return him/her to HOPE. I understand that I must arrange a date and time with the adoption coordinator for the return of the animal and that it may take 1-5 days to get the adopted pet back into the program. I further understand that it is mandatory for the adopted pet to be returned if I cannot keep it.

I further agree to take my newly adopted pet to a veterinarian within 3 days of adoption for a health check. I promise to take my pet to a veterinarian for the required and recommended annual vaccinations, including boosters for puppies and kittens. I promise to keep my adopted pet on heartworm preventative and flea control for the remainder of its life as recommended by my veterinarian. If my pet becomes ill or injured, I promise to get immediate veterinary care and I am prepared financially to take on this responsibility.

I promise to provide my pet with proper, nutritious food, fresh, clean water, adequate shelter and kind treatment at all times.

I promise not to sell, trade, and loan or give away this adopted pet and will never allow him/her to be used for any purpose that would cause harm or injury to him/her.

I agree that this pet's welfare is the most important factor and if any representative of HOPE finds unsuitable living conditions or any violations of this agreement or contract, HOPE reserves the right to terminate this contract without notice and take immediate possession of the adopted pet. I understand and will pay reasonable attorney's fees in the event that an attorney is consulted or suit is brought for the return of the adopted pet.

I understand that HOPE is supported mainly by volunteer efforts; therefore, the adoption procedure may take time.

Signature of Adopting Person: \_\_\_\_\_ Date: \_\_\_\_\_

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### Information below to be filled in by HOPE

The adopted animal was a : DOG \_\_\_\_\_ Cat \_\_\_\_\_ OTHER \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_