



### The Humane Society of Granville County

PO Box 385, Butner, North Carolina 27509

919-691-9114

Granville County

PO Box 385, Butner NC 27509  
messages (919) 691-9114  
a 501(c)3 charity organization

### PET ADOPTION AGREEMENT

This adoption agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_ between The Humane Society of Granville County (hereinafter referred to as HSGC), and \_\_\_\_\_ (hereinafter referred to as "Adopter").

The Adopter agrees to adopt the following pet from the HSGC:

Species: \_\_\_\_\_ Approximate Age / DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Description: \_\_\_\_\_

HSGC wants you to enjoy life with your new family member. We are interested both in your satisfaction and in the welfare of the pet. To ensure these interests are met, the HSGC and the Adopter jointly agree to the following terms:

#### HSGC agrees:

- 1) DOGS: To provide (a) the initial inoculation against distemper, parainfluenza, parvovirus and adenovirus type 2 (b) a routine de-worming (c) a heartworm test for dogs 6 months and older with monthly preventative administered while in HSGC foster care and (d) a rabies vaccine if age 4 months or older at time of adoption.
- 2) CATS: To provide (a) the initial AVMA recommended feline vaccine (b) FeLuk/FIV testing and (c) a rabies vaccine if age 4 months or older at time of adoption.
- 3) ALL PETS: To provide (a) spay/neuter (*no exceptions*). If pet is not S/N at time of adoption, an appointment with our veterinarian/contact information will be given and HSGC will cover the costs.
- 4) To provide all medical/care records.

#### In return, as Adopter, I (We) agree to the following:

1. To adopt this animal as a personal pet, not as a gift, working or chained guard dog, nor research animal.
2. To provide fresh food and water, clean/dry/temperate shelter and daily exercise.
3. That I do not reside on leased or rented property where a "no pets" policy exists.
4. To obey all applicable laws and ordinances governing pets.
5. To provide a safe, durable collar (i.e. buckle; no choke or prong collars) with a rabies tag and an ID tag with contact info.
6. To microchip; if not done by HSGC at time of adoption.
7. To keep my appointment with the HSGC veterinarian for S/N (if applicable). Adoptions of unaltered animals are conditional until this procedure is complete which gives HSGC the right to reclaim the animal. *I will S/N this pet by \_\_\_\_\_ INT: \_\_\_\_\_*
8. To provide all needed medical care including routine vaccinations, heartworm preventative, and tick/flea preventative.
  - a. *Next heartworm preventative is due on:* \_\_\_\_\_
  - b. *Next routine physical/vaccines due on:* \_\_\_\_\_

c. *Next Rabies Vaccination due on: \_\_\_\_\_ (all cats and dogs over 16 weeks of age must be rabies vaccinated per North Carolina law).*

9. To allow a representative from the HSGC to visit my premises to ensure that the terms of this agreement have been honored on a mutually agreed upon date as requested.
10. To return the pet to HSGC rather than to abandon, surrender or sell it. I (We) agree to give HSGC three weeks' notice to take the pet back into foster care system.
11. To accept the liability for, and to prevent, any damaging pet behavior.

I (We) understand that this is a trial adoption which ends on: \_\_\_\_\_. The pet can be returned for a full refund at any time during this trial. Pets that require the S/N commitment to be fulfilled are not complete until the date of the procedure.

I (We) further understand the HSGC is comprised of volunteers and that we cannot guarantee the pets temperament nor behavior other than to describe how it behaved in its foster home. HSGC is not liable for damages caused by this animal.

If the Adopter fails to meet the requirements of this agreement as stated, ownership of the pet shall revert to HSGC upon request. Adopter verifies that he/she is 18 years of age or older and fully understands the contractual obligations set out above.

Adopter's signature: \_\_\_\_\_ printed name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Telephone number(s): \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_  
City state zip

HSGC Board member signature/office: \_\_\_\_\_