



429 NW Scenic Drive, Grants Pass, Oregon 97526

Phone: 541-479-5154 email: connect@roguevalleyhumanesociety.org

Helping Our Community...Four Paws at a Time

ADOPTION APPLICATION

Name of Adopter _____	Date _____
Address _____ City, State, Zip _____	
Driver's License # _____	
Home Phone _____	Cell Phone _____ Email _____

Please Answer All Questions

Do you Own _____ or Rent _____? House _____ Apartment _____ Mobile _____ Other _____
 How long have you lived here? _____ If renting are there pets allowed? Yes _____ No _____
If you rent or lease you must provide written approval for pets from your landlord or rental agency.
 Do you have a private yard? Yes _____ No _____ Where will the animal sleep? _____
 Have you had other pets in the past? Please list _____
 What pets do you currently have? Ages? _____
 In a 24 hour period how long will the animal be left alone? _____
 If you move what will you do with this animal? _____
 Will you commit to taking care of this animal for the next ten years or more? Yes _____ No _____
 Who will be the primary caregiver for this animal? _____
 Veterinarian's Name/Practice & Phone Number _____
 How did you hear about this animal? RVHS website _____ Courier Pet of the Week _____ RVHS Newsletter _____
 Adoptapet.com _____ Petfinder.com _____ Visiting the shelter _____ RVHS Facebook _____ Growers' Market _____
 Other _____

For Dogs: All adoptable dogs/puppies are spayed or neutered before leaving for a new home.

How high is your fence? _____ What type of fence? _____
 Where will the dog be kept when you are at work or away from home? _____
 In a 24 hour period, how long will the animal be kept—in the house _____ hours - outside _____?
 How do you plan to give the dog exercise? _____
 Will you take your dog for annual veterinary check ups? Yes _____ No _____
 Will you have the dog tested for heartworm then give monthly prevention pills? Yes _____ No _____
 Are you planning on enrolling in obedience classes with your dog? Yes _____ No _____

For Cats: All adoptable cats/kittens are spayed or neutered before leaving for a new home.

Will the cat be kept indoors? Yes _____ No _____ Will you declaw this cat? Yes _____ No _____

For Office Use Only

Animal's Name _____	Incoming Number _____
Animal Type Dog _____ Cat _____ Puppy _____ Kitten _____	Adoption Number _____
Breed _____ Markings _____	
Sex Male _____ Female _____	Age Years _____ Months _____ Date _____
Adoption Fee \$ _____	



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ADOPTION CONTRACT

Animal's Name _____ Adoption Number _____

THERE WILL BE NO REFUNDS

The Rogue Valley Humane Society is not responsible for and does not guarantee the health, condition, and/or disposition of any animal beyond the outward appearance. It is possible your new pet has been exposed to canine or feline diseases that may not show as symptoms for several weeks, as would be the case wherever you obtained your pet. It is also possible that a healthy animal can carry a disease that is transmittable to people or other pets.

Adopter's Initials _____

Under the terms of this contract you will make an appointment for your new pet with your veterinarian within the next ten days. The veterinarian will check your pet's health and provide you with information about warning signs of illness. Many of the veterinarians in Josephine County will honor one free wellness exam. This exam does not include any vaccinations or medications recommended by the veterinarian. A copy of the animal's current medical records is attached to your contract. All animals are spayed or neutered before adoption.

Adopter's Initials _____

In the event I (we) are no longer able to provide a home for this animal, (I) we will notify RVHS and will provide a safe place for it to live until such time as RVHS has space for it or can make other living arrangements. Under no circumstances will I (we) release this animal to another individual or animal welfare agency without first obtaining approval from RVHS. RVHS reserves the right to refuse to take the animal back if the animal has bitten a person or displays other aggressive behaviors which would make it unsuitable for adoption into another home.

Adopter's Initials _____

The adopter(s) agree to allow a designated representative from the Rogue Valley Humane Society to make a home visit at a prearranged time within a 4 week period from the date of adoption plus one additional visit during the year following the adoption of the animal to ascertain if all is satisfactory for the animal in the home. If the animal is not being cared for to the satisfaction of the representative, the Rogue Valley Humane Society, may at its sole discretion, claim ownership of the animal and remove it from the adoptive home.

Adopter's Initials _____

In consideration of the above, I (we) agree to support the principles of the Rogue Valley Humane Society, Grants Pass, OR. I (we) agree to treat the animal properly and with kindness, to purchase the required license and provide all necessary vaccinations for the animal's health. I (we) will not sell or give this animal for use in medical or biological experiments, nor permit it to be used for any purpose or in any manner which may inflict trauma (mental or physical) and/or would result in injury or death to the animal. I (we) pledge all the above to the Rogue Valley Humane Society.

Adopters: _____

Date: _____

Print Name _____

Signature _____

Print Name _____

Signature _____

RVHS Manager or Designee:

Print Name _____

Signature _____

ALL ANIMALS ARE SPAYED OR NEUTERED PRIOR TO ADOPTION

Rev 7/25/13