

WRIGHT VETERINARY MEDICAL CENTER ADOPTION APPLICATION

Adopting any animal will have a significant impact on you, your lifestyle and on the life of the animal. Please make this decision with much care, thought and deliberation.

Although WVMC eagerly seeks the prompt adoption of its animal residents, experience has shown that some situations are not in the best interest of the animal. An unsatisfactory adoption can result in an unpleasant experience for the adoptive family, and many times can traumatize the pet. WVMC reserves the right to refuse any adoption we consider unsatisfactory. There is a 3-day waiting period to verify adoptee information. Also, some of these animals have come into our care because they were either injured or sick, and may have lifelong medical problems for which WVMC cannot be held liable. WVMC is not responsible for any costs for vaccines or medical care after the animal is transferred to the adoptee. For liability reasons WVMC will not adopt to anyone under 21-years-old without the consent of a legal guardian.

- ▶ Our adoption fee is \$130.00 and includes spay/neuter, de-worming, feline leukemia/FIV blood testing for cats, heartworm/lyme disease testing for dogs, and appropriate vaccines.
- ▶ If the animal adopted is not yet spayed/neutered, we require proof of spaying/neutering within 6 months of adoption.
- ▶ If you have an outstanding balance due to WVMC, we reserve the right to decline the adoption application.

1. Which pet are you interested in adopting? _____
2. Are you at least 21-years-old? Yes No
 - If you are under 21-years-old will your legal guardian allow you to adopt a pet, and sign the application with you? Yes No
3. Do you own or rent your home? Own Rent
 - Does your landlord allow pets? Yes No
 - Landlord's Phone Number: _____ or please provide a copy of your rental agreement.
4. Does your partner/roommate know you are considering adopting a pet? Yes No
5. Why do you want to adopt this pet? _____
6. Have you considered the cost of a pet? Veterinary care, food, surgery, training, etc.? Yes No
7. How many people live in your household? _____ What are their ages? _____
8. Are you aware if anyone in your household is allergic to any animals? Yes To What? _____ No
9. Is anyone in your household diabetic or immune suppressed, which would affect type of animal adopted and it's care and management? Yes No
10. Do you currently have any pets? Yes No
 - How many pet(s)? _____
 - What kind(s) of pet(s)? _____
 - Are they spayed or neutered? Yes No
 - Are they up to date on their vaccines? Yes No
11. If you do not currently have any pets, have you had pets in the past? Yes No
 - What happened to your pets in the past? _____
12. If you are not a WVMC client, who is your regular veterinarian? Name: _____
Phone Number: _____ Address: _____

Print Name: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____
Address: _____
Sign Name: _____ Date: _____

Please understand that WVMC makes no guarantee about any animal's temperament. Any comments pertaining the to the animal's temperament with children or other animals are solely based on the observations of the WVMC staff during the animal's stay here with us. Additionally WVMC is not liable for any future injury or damages that may be caused by the animal. If the adoptee finds that the adoption is NOT working, WVMC asks that the animal be relinquished back to our facility within 6 months. We cannot refund the adoption fee if the animal is returned.

WRIGHT VETERINARY MEDICAL CENTER (WVMC) ANIMAL ADOPTION AGREEMENT

ADOPTER'S INFORMATION

NAME _____			
ADDRESS _____	CITY _____	STATE _____	ZIPCODE _____
HOME PHONE _____	CELL PHONE _____	WORK PHONE _____	

INFORMATION ABOUT ADOPTED ANIMAL

Name: _____ Cat Dog Other Specify: _____
 Male Female Spayed/Neutered? Yes No DOB: ____/____/____
 Color: _____ Markings: _____

DE-WORMING DATE/MEDS	VACCINES-CAT	VACCINES-DOG	TESTS
/ / -	DRC1: / /	DHP1: / /	CAT
/ / -	DRC2: / /	DHP2: / /	FLEUK/FIV
/ / -	DRC3: / /	DHP3: / /	POS <input type="checkbox"/> NEG <input type="checkbox"/>
/ / -	RABIES: / /	RABIES: / /	/ /
/ / -	FLEUK: / /	LEPTO1: / /	POS <input type="checkbox"/> NEG <input type="checkbox"/>
/ / -	FLEUK: / /	LEPTO2: / /	/ /
SURGERY	CALICI1: / /	LYME1: / /	DOG
SPAY/NEUTER: / /	CALICI2: / /	LYME2: / /	HEARTWORM
DECLAW: / /	BORD: / /	BORD: / /	POS <input type="checkbox"/> NEG <input type="checkbox"/>
			/ /

ADOPTER'S AGREEMENT

- I agree that if the animal adopted is not yet spayed/neutered, I will provide proof of spaying/neutering within 6 months of the adoption. _____ (initial)
- I agree that the animal is being adopted for myself and will not be sold, adopted, or given to another party. _____ (initial)
- I agree that the animal will not be allowed outdoors without proper supervision. When taking my dog outdoors, they will be on a secure collar/harness and wear proper ID. _____ (initial)
- (If adopting a cat) I agree that I will not allow the cat to roam freely outdoors. _____ (initial)
- (If adopting a dog) I agree that this dog is to be a companion animal, not a guard dog. The dog will live inside my home, not outdoors. _____ (initial)
- I agree to care for the animal in a humane manner and be a responsible animal guardian. This includes supplying adequate food, water, shelter, attention, and medical care. _____ (initial)
- I agree that if this adoption is not working and I cannot keep the animal, I will return him/her to WVMC within 6 months without requesting a refund of the adoption fee. _____ (initial)
- I understand and agree that WVMC makes no guarantees about the animal's temperament and is not responsible for future damages or injuries caused by the animal. _____ (initial)
- I give WVMC permission to call my home at any reasonable time within 6 months of this adoption to assure that the animal is being properly treated and cared for. _____ (initial)
- I agree to keep WVMC informed of my current home address and phone number for 6 months from this adoption. _____ (initial)

WRIGHT VETERINARY MEDICAL CENTER (WVMC) ANIMAL ADOPTION AGREEMENT

I certify that all statements I have made on this form are true. If it is found that any statements I have made on this form are not true the adopted animal can be confiscated.

SIGNATURE

DATE

GUARDIAN'S SIGNATURE

DATE

DRIVER'S LICENSE NUMBER

LICENSE PLATE