

# DOBSON TNR Adoption Agreement

Current Rescue/Caregiver:

Name: Gail Dobson

Address: off Route 27, North of Westminster

City: Westminster, MD 21157

Phones: 410 848-3761 (H), 443 739-9056 (C)

Interview: Y/N on \_\_\_\_\_ by \_\_\_\_\_

Home Check/References: Y/N on \_\_\_\_\_ by \_\_\_\_\_ (initial)

## INFORMATION ABOUT ADOPTED ANIMAL:

Cat/Dog/Other If other, specify: \_\_\_\_\_

Animal's Current Name: \_\_\_\_\_

Intact/Altered Male/Female Certificate of spay/neuter and Certificate of Rabies Vaccination and tag is provided if appropriate, and a copy of the vet's exam sheet. Vet is usually Rick Lewis, sometimes Judith O'Brien or James Heilbron, of Academy Animal Hospital, 5915 Belair Road, Balto., MD 21206 410 483-5162.

Most recent (or initial) vet visit: \_\_\_\_\_

Date of Birth or approx age: \_\_\_\_\_

Color/Type: \_\_\_\_\_

Other description/personality/special quirks or needs: This animal is probably a former feral. S/he was has been socialized. The animal may still be a bit skittish, but is litter box trained and taught to use a proper scratching surface. S/he will require what any new animal to your house will need -- a quiet "safe" room with litter box, food, water and bed where s/he can become accustomed to the sounds and routine of your house. You will visit and cuddle and talk and play with her at least twice daily during the adjustment period (usually less than a week or two) and during this time, introduce her to the rest of your house, area by area, and any other residents, so s/he becomes a full family member. If the animal is too young to be neutered, you will give me a \$100 for females, \$75 for males refundable "neuter deposit" -- when the animal is old enough (between 5 & 6 months of age), you will provide me with proof of neuter, rabies and distemper shots and I will refund the neuter deposit to you during my visit to see the animal. The fee will be given to me in cash on execution of this agreement and pickup of the animal. This is the cash I will return to you. This is your receipt.

Cash Recd: \_\_\_\_\_ by \_\_\_\_\_ (Gail Dobson) Refundable w/ proof on or before \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADOPTER'S AGREEMENT

- If this animal is not yet altered, I agree that I will have the animal altered, and have rabies and distemper shots administered when s/he is between 4 and 6 months old. I will receive my refund when I provide proof of this care to DobsonTNR during a scheduled home visit. If the animal is not altered before s/he is six and one-half months old, I authorize DobsonTNR to confiscate the animal and I forfeit my deposit. \_\_\_\_\_ (initial)
• I agree that the animal is being adopted as a companion animal for myself and will not be sold, adopted, or given to another party. I understand and agree that the contents, information, and statements in the Cat Info Sheet (application) are incorporated herein. \_\_\_\_\_ (initial)
• I agree that the animal will not be allowed outdoors without proper supervision. I will not allow the cat outdoors, unless s/he is in an appropriate live animal carrier, or an escape-proof, enclosed cattery, or s/he will be on a secure harness and leash and wear proper ID. \_\_\_\_\_ (initial)
• I agree that I will not declaw the cat, have his tendons cut, or otherwise damage her feet or body. If I declaw the cat in violation of this agreement, I agree to immediately pay \$1,000 to the MdSPCA as recompense for mutilating this cat, to help them care for other declawed cats that have been abandoned there. I understand and agree that declawing the cat is proof positive that I am incapable of properly caring for the cat, and I authorize DobsonTNR to immediately confiscate the animal. \_\_\_\_\_ (initial)
• I agree to care for the animal in a loving, humane manner and be a responsible animal care giver. This includes supplying adequate nutritious food, water, shelter, attention, and proper medical care. \_\_\_\_\_ (initial)
• I agree that if at any point I can not keep the animal, I will return him/her to DobsonTNR without requesting a fee. \_\_\_\_\_ (initial)
• I understand and agree that DobsonTNR makes no guarantees about the animal's lineage or temperament or health and is not responsible for future damages or injuries caused by the animal. \_\_\_\_\_ (initial)
• I give DobsonTNR permission to call or visit my home at any reasonable time to assure that the animal is being properly treated and cared for. Refusal or failure to allow DobsonTNR to visit to see the animal at any reasonable time will be construed as evidence of neglect and possible abuse and I authorized DobsonTNR to immediately confiscate the animal. \_\_\_\_\_ (initial)
• I give the current rescue permission to confiscate the animal should the rescue determine the current living situation and/or conditions is unacceptable for the animal(s). \_\_\_\_\_ (initial)
• I agree to keep the rescue informed of my current home address and phone number. \_\_\_\_\_ (initial)

I agree that all statements I have made on this form are true. If it is found that any statements I have made on this form or the application are not true, I authorize DobsonTNR to immediately confiscate the adopted animal.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phones: \_\_\_\_\_ (H), \_\_\_\_\_ (W), \_\_\_\_\_ (C), \_\_\_\_\_ (O)

Photo ID Number: \_\_\_\_\_ ID Type: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Signature Adopter

Signature Caregiver/Rescue

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

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