



Oregon Coast Humane Society Adoption Agreement

STAFF INITIALS _____

Approved _____

Animal Information	
Animal's Name:	Microchip Number:
Adopter Information	
Name:	Phone Number:
Email:	
Physical Address:	Mailing Address:

- I have read and understand the Oregon Coast Humane Society Adoption Policies and Procedures. I verify that I am not in violation of any of the terms laid out by Oregon Coast Humane Society. **Initial: _____**

- I understand that this is a permanent home placement. I intend to love and provide care for this animal as long as I am able to do so. I agree to NEVER abuse or neglect this animal or allow it to be abused by others. **Initial: _____**
- I agree that if, during the lifetime of this animal, I can no longer provide adequate care for this animal, I will contact Oregon Coast Humane Society and return the animal to their care. I will not place this animal in any other shelter, sell it, or give it away. **Initial: _____**
- I understand that this animal is currently up to date with all medical care. I agree to keep this animal and all other pets in my home up to date on annual licensing and vaccinations **Initial: _____**
- I will provide adequate food, water, shelter, and humane treatment for all animals in my care, this includes using only positive reinforcement training techniques. **Initial: _____**
- I understand that the breed and age are estimates. This animal is FULL GROWN / WILL GROW TO BE: approx. _____ - _____. I agree to keep my animal within the optimal weight limit set by my veterinarian. **Initial: _____**
- I agree to comply with all applicable animal control laws including leash laws, and annual licensing laws. **Initial: _____**
- I understand that the adoption fee paid is nonrefundable. **Initial: _____**
- I agree to only use positive reinforcement training with this animal. I will not use any products on this animal that may cause harm or discomfort. This includes, but is not limited to, choke chains and shock collars. If I need assistance with behavioral issues, I will contact the shelter for more training information. **Initial: _____**
- I agree not to perform/have someone else perform cosmetic surgery on this animal. Cosmetic surgeries include, but are not limited to, tail docking, ear cropping, voice box removal, declawing, etc. **Initial: _____**
- I acknowledge that the behavior of this animal is unknown, and I agree to and accept this placement at my own risk. I understand this animal has/may have a history of the following behavioral issues:
 _____ **Initial: _____**
- I understand this animal may have known or unknown medical issue. Should the animal require veterinary care resulting from these conditions, I understand that the shelter is not liable for any incurred costs. I understand this animal has/may have a history of the following medical issues:
 _____ **Initial: _____**
- This animal is currently being fed: _____ **Initial: _____**

Signature:	Date:
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