



**ADAMS COUNTY PET RESCUE**  
**P.O. BOX 612**  
**OTHELLO, WA 99344**  
**(509) 855-1402**  
**adopt@adamscountypetrescue.com**

### APPLYING FOR:

Name of Animal: \_\_\_\_\_ Microchip number: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age (s): \_\_\_\_\_ Male  Female  Altered  Dog  Cat  Other \_\_\_\_\_

Date Adopted: \_\_\_\_\_ Vaccinations: Complete for 1 year  Boosters needed  When: \_\_\_\_\_

Adoption Fee: \_\_\_\_\_

### APPLICANT'S INFORMATION:

Full Name: \_\_\_\_\_ Driver License# \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Email (needed for insurance activation): \_\_\_\_\_

### CONDITIONS FOR ADOPTION:

1. I promise to hold Adams County Pet Rescue (ACPR), its employees, veterinarians, agents, directors, volunteers, and attorneys harmless and free from liability and financial responsibility whatsoever should the animal become sick or die for any reason, including, but not limited to, sickness or complications associated with sterilization, surgery, vaccinations, and microchipping. **Initials** \_\_\_\_\_
2. I understand animals, including adopted animals, usually require veterinary care from time to time. I further agree and understand I am responsible for any and all veterinary expenses incurred after adoption, except toward sterilization surgery if the animal I have adopted has not been sterilized prior to the adoption. I further understand I must have the adopted animal vaccinated against diseases, as recommended by a veterinarian. **Initials** \_\_\_\_\_
3. I understand that animals adopted from shelters are more susceptible to diseases, and ACPR shall have no responsibility whatsoever for any veterinary or other expenses related to any illness and shall have no obligation to refund the adoption fee. I also understand that full vaccination of existing pets is recommended to prevent the spread of disease to or from any new animal introduced to the household. ACPR is not responsible for illness/death of existing animals if occurred due to an adopted pet. **Initials** \_\_\_\_\_

4. I understand that if the adopted animal becomes sick within two (2) weeks after adoption, and I am unable to pay for its care I agree to return the animal immediately to ACPR at which time ACPR may apply the adoption fee to another adoption at its sole discretion. **Initials** \_\_\_\_\_
5. If the adopted pet has complications within 48 hours of adoption from a procedure done by ACPR prior to adoption (i.e. surgery, microchipping, or vaccinations), I understand I can return that animal to ACPR to be treated by their veterinarian and at ACPRs expense. After treatment, this pet will then be returned to my possession at no charge. ACPR is not responsible for any travel expense incurred by this return, and is not responsible for any veterinary bills should I choose to have the pet seen by another veterinarian prior to returning it to ACPR for treatment. **Initials** \_\_\_\_\_
6. I acknowledge that I have received information regarding the complimentary 30-day insurance provided by 24 Pet Watch. I understand that this insurance will not be valid if I do not respond to the confirmation sent by 24 Pet Watch **within 7 days**. I also understand that there is a 48-hour waiting period from confirmation, and if my pet shows symptoms during this time the illness will be considered a pre-existing condition, thus not valid for insurance claim. ACPR will not be liable for any cost or liability due to illness or death whether covered by insurance or not. **Initials** \_\_\_\_\_
7. I shall observe all local animal control and licensing ordinances. (License must be purchased within thirty (30) days of acquiring a new pet or by the time the animal is six (6) months of age. **Initials** \_\_\_\_\_
8. I understand that if the adopted animal has not been vaccinated for rabies, that it is my responsibility to have it vaccinated for rabies, as recommended by a veterinarian and/or as required by the laws of the jurisdiction in which I reside and primarily house the animal. **Initials** \_\_\_\_\_
9. I understand I must provide the adopted animal sufficient food, water, and shelter; veterinary care, as needed; and humane treatment at all times. **Initials** \_\_\_\_\_
10. I understand and agree I must immediately retrieve the adopted animal from any animal shelter or other facility upon notice it has been impounded. **Initials** \_\_\_\_\_
11. I promise I am not adopting this animal for research, study, or experimentation and promise I will not release it to any person or entity intending to use it for research, study, or experimentation. **Initials** \_\_\_\_\_
12. I understand ACPR expects I will, as the adopter of the adopted animal, maintain care, custody, and control of the animal. But if due to circumstances beyond my control I am unable to keep the animal, I promise to contact ACPR immediately and return it to ACPR. In the event I am able to find a suitable home for the animal, I will immediately contact ACPR for approval of transfer. **Initials** \_\_\_\_\_
13. I am not adopting this animal for the sole purpose of it being a guard dog. Rather, I understand and agree the animal must have on-going human companionship. **Initials** \_\_\_\_\_
14. I understand **ACPR WILL NOT GIVE ANY CASH REFUNDS** of the adoption fee for any reason whatsoever, but it may apply the adoption fee to another adoption at its sole discretion. **Initials** \_\_\_\_\_
15. I understand that by initialing this clause, I cannot make any type of claim, ask for financial compensation, or file a lawsuit because of anything that happens as a result of said pet or my adoption and ownership for said pet. **Initials** \_\_\_\_\_

I hereby acknowledge I understand that I am giving up legal rights by signing this document and agree to be bound by the above described conditions of adoption for the animal listed above.

Signature of Adopter: \_\_\_\_\_ Date: \_\_\_\_\_

ACPR staff: \_\_\_\_\_ Date: \_\_\_\_\_