

The Purrfect Place 4683 Poplar Ridge Rd. Trinity, NC 27370 Pet Foster/Adoption Agreement

DATE	ANIMAL NAME		DOG/ CAT	
ARE YOU INTERESTED) IN FOSTERING OR A	DOPTING?		
NAME			DOB	
ADDRESS				
CITY		STATE	ZIP (CODE
PHONE NUMBER	_//	EMAIL		
DRIVER'S LICENSE #_		STATE		
NUMBER OF ADULTS	IN HOUSEHOLD			
ROOMMATE/SPOUSE	E'S NAME AND NUME	BER		
NUMBER OF CHILDRE	EN IN HOUSEHOLD		AGES	
ANY MEMBER OF YO	UR HOUSEHOLD ALLE	RGIC TO CATS?		
ANY MEMBER OF YO	UR HOUSEHOLD ALLE	RGIC TO DOGS?		
ARE YOUR PETS UP TO	O DATE ON VACCINA	TIONS? YES	NO	
SPAYED OR NEUTERE	D? YES/NO	ON HEARTWORM PRI	EVENTATIVE? YES,	/NO
WHERE WILL THIS PE	T SPEND MOST OF IT	'S TIME?		
INDOORS	OUTDOORS	CRATE	GARAGE	BASEMENT
DO YOU HAVE A FEN	CED IN YARD?	IF	YES, HOW TALL?	
WHERE WILL YOUR P	ET STAY WHEN ON V	ACATION? NAME / AI	DDRESS / NUMBEI	₹/



The Purrfect Place

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DO YOU OWN OR RENT HOME, CONDO OR A	PARTMENT? OWN	RENT	
LENGTH OF TIME AT RESIDENCE?			
ADDRESS		PHONE//	
DO YOU HAVE PET RESTRICTIONS? YES	NO		
EMPLOYER NAME			_
ADDRESS		PHONE//	
POSITION	HOW LONG?		_
PLEASE LIST TWO REFERENCES NOT RELATED NAME RELATIONSHIP	ADDRESS	NUME	3ER
2			_
PLEASE CALL AND GIVE PERMISSION TO YOUR OF YOUR OTHER ANIMALS.	R VET FOR MY ASSOCIATES TO) DO A VET CHECK ON THE CA	۱RE
VETERNIRIAN'S NAME		PHONE//	
ADDRESS	INITIAL	DATE	-
HOMECHECK REQUIRED			



I AGREE TO A VIRTUAL OR PHYSICAL HOMECHECK PRIOR TO ADOPTING AND/OR ANYTIME REQUESTED BY THE RESCUE DURING THE ADOPTION TRIAL PERIOD AND ADOPTION IS COMPLETED.

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YOU WILL BE GIVEN PRIOR NOTICE TO ANY HOME CHECKS. INITIAL _____ DATE *To get full benefits of the adoption process, you must take the cat/dog to our designated veterinarian, unless a different agreement is formed. I, ______, hereafter referred to as the adoptee, hereby agree that the above described animal is being adopted by me solely as a pet for myself and/or my immediate family- I agree that I will not sell, give away or otherwise dispose of said animal to any person(s), dealer, retailer, auction, institute or any other entity for any reason. If later I am unable or unwilling to keep this pet, I agree to first contact the above-described current owner and give them the option to reclaim said pet at no charge. I hereby agree to care for the above-described pet in a humane and responsible manner and to provide it with clean and adequate shelter, food, water and veterinary care. I further agree that said pet shall reside inside my home and shall not be allowed to roam freely. I hereby agree that this pet shall always wear a collar or harness with identification tags. I hereby agree that the adoption fee helps to cover the current owner's expense of raising and caring for the animal and is not refundable after a trial period of 14 days. I hereby understand and agree that the current owner makes no representations or warranties, expressed or implied, about the above-mentioned animal's temperament and is hereby absolved from any liability for future damages or injuries caused by said animal- I also understand and agree that the current owner further gives no guarantees, expressed or implied, of the suitability of the animal to the adopter and/or his family. INITIAL ___ I certify that all statements made by me on this adoption agreement are true and correct- I agree that the current owner has the right to confiscate the above-described animal if any statements made by me are found to be false and/or my check for the adoption fee is returned for insufficient funds. ADOPTER'S SIGNATURE _____ DATE PRINT NAME _____ WITNESS SIGNATURE _____ DATE

Current owner is defined here as the person who originally held the above animal in their possession. Adopter who accepts to adoption the above-described animal.



ADOPTED ANIMAL DESCRIPTION:

DETIC NIANAE	
PET'S NAME	

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DOG/CAT	BREED	COLOR		
SEX	SPAYED\NEUTERED	MICF	ROCHIP	IC
#	RABIES	UTD	HW (-/+)	HW
PREVENTION				
OTHER HEALTH NOT	ES			
FOR THE PURRFE	CT PLACE USE ONLY			
ADOPTED ANIMAL D	ESCRIPTION:	PET'S I	NAME	
DOG/CAT	BREED	COLOR		
SEX # PREVENTION		UTD	MICROCHIP HW (-/+)	II HW
LANDLORD CHECK _		VET CHECK		
COMMENTS				



CONDITIONALLY APPROVED					
DENIED					
The Purrfect Place					
The Purriect Place					
	4683 Poplar Ridge Rd. Trinity, NC 27370				
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SIGNATURE OF AUTHORIZI	ED PERSONNEL	DATE	/	/	

The Purrfect Place Foster Agreement

I, _______, do hereby agree to provide a temporary foster home for, cat(s), kittens(s), dog(s), and/or puppy(ies) as assigned by The Purrfect Place, volunteers or other authorized personnel. I understand that the time limit for the foster care will be discussed and can vary, depending on the needs of the animal. I understand that the animal will remain in my home for the entire foster period, but that The Purrfect Place will remain ownership until the animal is placed into its adoptive home.

I state that I agree to provide humane and loving care to the animal. This includes food, water, shelter, socialization, and enrichment. I have been provided with the contact information of the after-hours veterinary clinic to use during true emergencies. Customary and reasonable veterinary care will be the monetary responsibility of The Purrfect Place, unless I so wish to incur the expense. I will bring the foster animal to the designated veterinarian provided by The Purrfect Place.



The treatment of acute of life-threatening illness is at the discretion of The Purrfect Place president. This includes the nature, duration, location, and denial of the treatment.

I release The Purrfect Place from any liability incurred as a result of my fostering
animals. The Purrfect Place reserves the right to remove foster animals from a foster
home at any time, should it be deemed necessary by the president of The Purrfect Place.
nome at any time, should it be deemed necessary by the president of the furnect hace.
I,, release The Purrfect Place from any financial
responsibility except for those stated to be provided by The Purrfect Place, such as, food
litter, toys, leashes, blankets, heartworm medicine, flea medicine.
Please check below any items the foster would like to release The Purrfect Place
from financial responsibility. List any other items designated by the foster.
food leashes heartworm medicine
read reading readiwerm medicine
litter blankets flea medicine
toys
List any other items you will release financial responsibility from The
List any strict items you will release infarious responsibility from the
Purrfect Place:
President Signature Foster Signature
Date:// Date://
501© (3) Nonprofit Organization