

1352 Carters Mill Rd | PO Box 1179 Ridgeland, SC 29936 843-726-7799 | Fax 843-726-7807 www.jarmission.org Mail adoption applications to: adoptions@jarmission.org

Foster-to-Adopt Contract

Congratulations! You have been approved to adopt one of our awesome animals. This contract is done in order to allow you to take your new pet home right away, before his or her spay/neuter.

Please Initial that you acknowledge and understand once the animal is spay/neutered this contract serves as the finalized adoption Name First: Last: **Mailing Address** Apartment # State City Postal/Zip Code Country **Phone Numbers HOME** CELL **Phone Number: Emergency Contact Name:** E-Mail address: Please enter this CAREFULLY; this is the email address where we will send you a copy of your pets paperwork, if necessary. Attend School Working Retired **Employment Status: Employers Phone #: Employer: Employers Address (Street, City, ST:** Zip Code: **Driver's License Number Issued Date DOB** State

| What is | s the name of the pet you are fostering-to-adopt? |
|-----------------------------|--|
| | |
| Breed/ | description |
| | |
| allow sole p adopt | r Animal Rescue Mission (JARM) is entering into this Foster-to-Adopt Contract as a courtesy to me to me to have custody of this animal before it can be spayed or neutered. The animal shall remain the property of JARM until it is spayed or neutered and the adoption is finalized. If for any reason the ion is not finalized, I understand that upon the request the animal shall be relinquished to JARM and doption fee may be refunded. Please Initial that you acknowledge and understand |
| Please | I agree to pay the adoption fee upon completion of this Agreement, and to sign the final adoption contract at the time of the adoption when the pet is spayed or neutered. |
| | I will provide the animal with proper food, fresh water, shelter, exercise, grooming, training and medication wher required. I will comply with all instructions received from Jasper Animal Rescue Mission and will not deviate from any instructions as to the care and maintenance of the animal without consulting with a representative of Jasper Animal Rescue Mission. |
| | I understand that other animals in my household could be exposed to medical or behavioral conditions that have not been recognized in the foster animal placed with me by Jasper Animal Rescue Mission, and that JARM is not liable for any disease or injury of my own companion animals or other exposed animals. |
| | I understand that other animals in my household could be exposed to medical or behavioral conditions |
| | I understand that veterinary costs for routine flea and parasite control and vaccinations that become due prior to the scheduled spay/neuter date, are my responsibility unless otherwise indicated by JARM. Veterinary costs for illnesses and for accidental injuries sustained by the animal after it came into my care will be my responsibility unless otherwise indicated by JARM. |
| soon a arrang other i | been advised that Jasper Animal Rescue Mission (JARM) uses pediatric spay/neuter for young foster animals as it is appropriate as advised by veterinarians used by Jasper Animal Rescue Mission. JARM will make ements for spay/neuter surgery and I agree that I will take this animal to its spay/neuter appointment and for any necessary veterinary care as directed by JARM unless other arrangements have been made by mutual agreement. are no exceptions to the requirement that the animal must be spayed/neutered before its adoption is complete. |
| Y | es, I agree |
| N | lo. I do not agree |
| may do | e not to attempt to hold the Jasper Animal Rescue Mission (JARM) responsible for any damages which the animal o to any person or property. I specifically relieve JARM of any responsibility pertaining to any damage to property sonal injury or any occurrence relating to the animal and shall hold JARM harmless regarding any damage or ies) of any nature whatsoever, and agree to notify JARM immediately of any damages and/or injury(ies). |
| Y | es, I agree |
| N | Io. I do not agree |

| List names and ages of all individuals living in household (includin | g yourself): | |
|--|-----------------|------------------|
| Name: | | Age: |
| | | |
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| | | |
| | | |
| Do you: Rent Own Military on Base | Military Off B | ase |
| Apartment Complex or Sub Division Information: | | Zip Code |
| | | |
| | | |
| Landlord Name (if applicable) | Phone | Number |
| | | |
| | | |
| Pet Deposit Amount: | | |
| | | |
| | | |
| | | |
| Are there any breed or weight restrictions by your landlord or co | omplex? 🖳 | Yes No |
| Explain: | | |
| | | |
| | | |
| Reason for adopting: Family pet Comp. If Other please explain: | anion for anotl | her animal Other |
| | | |
| | | |
| | | |
| Have you had a pet before? | | |
| Where is that pet now? | | |
| | | |
| | | |
| | | |
| Please list all other pets in this household, including ages and ge | enders: | |
| Species: Age: | Gend | ler: |
| | | |
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Household Information:

Please use back of page to add more animals living in your household if needed.

| Are all other pets spayed or neutered? If not, please explain | No No |
|---|----------------------------------|
| | |
| Please list Veterinarian used for annual check-ups Veterinary Practice Name: | Veterinary Practice Phone Number |
| | |
| What type of heartworm/flea & tick preventative is curre | ently being used: |
| | |
| Question | Response: |
| Will your pet live inside or outside? | |
| If outside, what shelter will be provided? | |
| Number of hours pet will be left alone: | |
| Where will the pet be kept during the day? | |
| Where will the pet be kept during the night? | |
| What kind of discipline/correction will you use with your new pet? | |
| If you had to move, what would you do with your pet? | |
| Who will care for your pet if you are unable to? | |
| In the event of a hurricane evacuation what would you do with your pet(s)? | |
| Answer below only if adopting a dog: | |
| How do you plan to potty train your dog/puppy? | |
| If crated inside, what is the longest period this dog will be left in crate? Estimated hours: | |
| Will this dog have a fenced yard or be exercised on a leash? | |
| Will this dog EVER be kept tied up or on a chain? | |
| Will this dog receive heartworm prevention? | |
| Will this dog receive flea/tick prevention? | |
| Will you enroll your puppy/dog in obedience training? | |

REV: 11/16/2024

What To Expect With Your Adoption: Please read this carefully before signing the Adoption Contract.

Vaccinations:

Rabies (Dogs and Cats): Rabies is a deadly virus that attacks the central nervous system and causes the brain to swell. Cats and dogs over four months are vaccinated against rabies and a certificate will be in your folder. Kittens/puppies that are adopted under the age of four months, will not have a rabies vaccine at the time of the adoption. Once your pet reaches 4 months of age, your pet should be taken to your veterinarian to receive a rabies vaccination. This is not included in your adoption. County rabies licenses are not included and it will be your responsibility to ensure your pet is properly licensed in your county.

DHPP (Dogs): is a dog vaccine covering distemper, Adenovirus type 2 (Hepatitis), Parainfluenza, and Parvovirus. Adults receive one vaccine before adoption. Puppies need a series of 3 DHPP vaccinations.

FVRCP (Cats): is a feline vaccine that protects against rhinotracheitis (an upper respiratory infection caused by the herpes virus), calicivirus (an upper respiratory infection that infects the oral cavity), and panleukopenia (feline distemper). Adult cats receive one vaccine before adoption. Kittens need a series of 3 FVRCP vaccinations.

Parasites: All animals are dewormed regularly with Pyrantel Pamoate unless otherwise noted. Flea and Tick prevention is applied monthly. You are responsible for treating your pet with Flea and tick medicine once it is in your home.

Internal Parasites: All animals receive a fecal exam before adoption.

Preventative Care (DOGS): It is imperative that all dogs receive monthly prevention, which can be purchased from a veterinarian, for the life of your pet and ensure the flea/tick prevention used, is of a pharmaceutical grade.

Microchip: All of our animals are microchipped before adoption and the microchip is registered in the group's name.

Concerns After Adoption: If you have any questions about your new pet's behavior or health in the days immediately post-adoption, please contact us via telephone or email. If you have any concerns about a health issue, you should take it to your veterinarian. If you would like us to recommend a veterinarian in your area, please let us know.

| Please descril | be any concern | s or reservat | tions you ma | ay have ab | out adoptir | ng this pet: | |
|----------------|-----------------|---------------|--------------|-------------|-------------|--------------|--|
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| | | | | | | | |
| Please sign be | elow that you h | ave read an | d understoc | od the abov | ve informat | ion. | |
| | , | - | - | | - | | |
| | | | | | | | |
| Where did yo | ou hear about u | s? (Facebool | k, Instagran | ı, Website, | etc). | | |
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| | | | | | | | |

| Please indicate you acknowledge all below with an X: | |
|--|--|
| I have been informed and I understand this animal is: Heartworm + (HW+) Heartworm – (HW-) Unknown | |
| I understand that JARM (Jasper Animal Rescue Mission) cannot guarantee the health, temperament behavior of this animal(s) after I accept ownership and no refund will be offered. I hereby agree to release and hold harmless JARM from any and all liability. I agree to take the animal to a veterinarian within a week for a wellness checkup which should include additional deworming as needed, a heartworm checkup and heartworm prevention and flea/tick prevention. JARM will not be financially responsible for any veterinary costs after the point of adoption. I understand that the cost of caring for this pet can range from \$500-\$700 minimum a year. | |
| **All animals receive routine deworming during their stay at the shelter however ADDITIONAL deworming at your own veterinarian and at your expense may be needed** | |
| MICROCHIP: Your pet's microchip information will be registered with the 24PETWATCH pet recovery database. | |
| Please choose one of the following options: | |
| Yes, I consent to the release of my name and telephone number to anyone who finds my pet. No, I prefer that communications be only through 24PETWATCH. | |
| ELECTRONIC SIGNATURE | |
| have read and understand all of my obligations regarding fostering and the welfare of the animal. I certify hat the information on all six pages of this application and contract is true and I understand that any false information may result in cancellation of the adoption. I acknowledge the above signature constitutes a legal signature, confirming that I acknowledge and agree to the above contract terms. | |
| JARM Use Only: Checked DNA? Yes / No | |
| Adoption Location: JARM / Petco / PetSmart, Beau / Petsmart, Bluf / BB Thrift / Other / Event /Foster | |
| Pet's Name Pet ID#: | |

Method of Payment: Credit Card / Cash / Check

Additional charges may apply if the adoption donation is paid using a credit or debit card.