

HERNANDO COUNTY ANIMAL SERVICES
19450 Oliver Street Brooksville, FL 34601
(352) 796-5062 Fax (352) 796-3746

ADOPTION CONTRACT

This contract is made between _____, also known as the Adopter, and Hernando County Animal Services on (Date) _____.

ADOPTER

Adopter's Name: _____

Address: _____

City: _____ State: FL Zip: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

DL#: _____

Date of Birth: _____ Sex: _____ Race: _____ Height: _____

ANIMAL INFORMATION

Pen # _____ Case # _____ Name _____

Breed _____ Color _____

Sex _____ Approximate Age _____ Weight _____

AGREEMENT FOR RESPONSIBLE OWNERSHIP AND CARE

I agree to abide by all county ordinances and state laws pertaining to this animal including keeping this animal confined to my property, ensuring that this animal is not a nuisance to my neighbors, vaccinating this animal for rabies as required by law, and purchasing a county license for this animal annually. Initial: _____

I agree to provide adequate, wholesome food and water, and adequate shelter, ventilation, exercise, and veterinary care for this animal for the remainder of its natural life. I understand that this is a lifetime commitment and that proper care of an animal is time consuming and can be costly. Initial: _____

FOLLOWUP AGREEMENT

I agree to allow Hernando County Animal Services within one year of the date of this adoption, to investigate the premises where the animal is kept, and to reclaim the animal if, in the judgment of the Officer, the animal is not being adequately cared for, the terms and conditions of this adoption contract have not been met, or if I have misrepresented any facts to Hernando County Animal Services during the adoption process. Initial: _____

NO WARRANTY OR GUARANTEE

I understand that every effort is made to offer for adoption only healthy, even-tempered animals, however, animals are only available for observation by Animal Services for a short time, and therefore no guarantees are made. I understand and agree that it is my responsibility to carefully choose the animal I am adopting and that no guarantees are made regarding the health, temperament, or training of animals for adoption. Initial: _____

Hernando County Animal Services makes no implied or expressed warranty with regard to this animal other than as stated in this contract. The animal is adopted "AS IS". I understand and agree that Hernando County Animal Services shall not be liable, in whole or in part, for any personal injury or property damage caused by this animal, or for any injury or illness of this animal once possession is assumed by the Adopter. The Adopter hereby agrees to assume all liability for the animal's care and any injury or damage done by the animal. Initial: _____

Adopter's Name: _____ Case # _____

ADOPTION CONTRACT CONTINUED

STERILIZATION AND RABIES VACCINATION

{ } The animal you have adopted will be taken to _____ located at _____ Phone # _____ for sterilization and a rabies vaccination. You are required to pick up the animal from the veterinarian's office on (Day) _____ (Date) _____ between _____ and _____ pm.

1. If I fail to pick up the animal on the specified date and time, I relinquish ownership of the animal to Hernando County Animal Services and I understand that the animal may be placed in a new home or humanely euthanized at the sole discretion of Animal Services. Initial: _____
2. No refund of the adoption fee will be given if I fail to pick up the animal. Initial _____

<OR>

{ } The animal you have adopted is unable to be vaccinated for rabies or sterilized prior to the adoption due to its { } Age { } Health { } Other _____. I understand that I am responsible for contacting Animal Services no later than (Date) _____ to make arrangements to have these services performed at a later date by a participating veterinarian. Failure to contact Animal Services by this date will result in forfeiture of this option and I will not receive a refund of my adoption fee.

HEARTWORM TESTING

I understand that the dog I am adopting will be tested for heartworms if it is over six months of age. If the heartworm test is positive then I choose the following option:

{ } I agree to be responsible for all costs of treating or caring for this dog, including heartworm treatment. I understand that the treatment and care of a heartworm positive dog can be costly and I agree that Hernando County does not incur any obligation to me for treatment or care of this animal. Initials _____

{ } I agree to relinquish ownership of the animal back to Hernando County Animal Services and request a full refund of my adoption fee. I understand that the animal may be humanely euthanized. Initials _____

REFUNDS

I understand that there are no refunds given for adoption fees under any circumstances except a positive heartworm test as specified above. Initial: _____

ADDITIONAL TESTING

Hernando County Animal Services does NOT test cats for Feline Leukemia or FIV and does NOT test dogs for parvo. I understand and agree that no refunds are given for dogs or cats that test positive for these diseases. Initial: _____

Hernando County Animal Services does NOT perform fecal tests on cats or dogs and only a general de-wormer is given. I understand that it is recommended that I have a veterinarian perform a follow-up fecal exam to see if the animal needs additional de-worming. Initial: _____

Adopter's Name: _____ Case # _____

ADOPTION CONTRACT CONTINUED

OPTIONAL SERVICES

I understand that I can choose to have additional services performed by contacting the veterinarian listed in this contract prior to the date of sterilization shown. I understand that I am responsible for payment directly to the veterinarian, at the time the animal is picked up, for any services other than the rabies vaccination and sterilization of the animal. If I fail to pay the veterinarian, at the time of pick up, for any agreed upon services, I relinquish ownership of the animal to Hernando County Animal Services and I understand that the animal may be placed in a new home or humanely euthanized at the sole discretion of Animal Services. Initial: _____

Listed below are some services that are recommended, but are NOT included in the adoption fee. Initial: _____

- | | |
|---------------------------|-------------------------------|
| Heartworm Prevention | De-worming for tapeworms |
| Flea and Tick Prevention | Any additional vaccinations |
| Fecal Exam | Any additional testing |
| Post Surgical Pain Relief | Annual exams and vaccinations |

Other Recommendations: _____

By my signature below I swear that I have read and understand the terms of this adoption contract and all of my obligations and responsibilities pertaining to adopting this animal. I enter into this contract of my own free will and agree to all the terms and conditions contained herein.

Adopter's Signature: _____ Date: _____



Hernando County Government PDF Fill-in Forms Instructions



Overview


Hernando County fill-in forms use the features provided with Acrobat 4.0 products. Currently, there is no computation, validation or verification of the information you enter and you are still responsible for entering all required information (instructions may require some information to be handwritten on the form).

Software Requirements


To view, complete and print Hernando County fill-in forms you'll need the freely available Acrobat 4.0 Reader (or later) software installed on your computer. Important Note: Acrobat Reader does not allow you to save your completed forms to disk. (The ability to save completed forms is available commercially with the Adobe Acrobat 3.0 (or later) product suite.)

Completing the Form



- Select the hand tool  from the Acrobat toolbar menu. You can use the hand tool to move the page around so that you can view all the areas on it.
- Position the hand pointer inside a form field and click. The "I-beam" pointer allows you to type text. The arrow pointer allows you to select a field, a check box, a radio button, or an item from a list.
- Press Tab to accept the field change and go to the next field.
- Multi-line fields require you to press Enter (or Return) to progress to the next line. When you've completed the field, press Tab to proceed to the next field.
- To Go Back to the previous field, press Shift + Tab to accept the current field change and go to the previous field.
- Some check box fields require you to click on the box or press Enter to produce a check mark. (Not all check boxes are formatted like this, some require just a typed "X")

Printing the Form

- Use your mouse to select an area of the form that is not inside a form field, before printing your form. If a form field is active (contains the blinking bar) the contents will not print.
- If the fill-in form is displayed within your web browsers' window be sure to use the printer button  on the Acrobat toolbar menu to print the form instead of your web browsers print function.
- Reminder: The Acrobat Reader does not allow you to save your filled-in form to disk. Your only permanent record of the filled in form will be your printout. Therefore, do not close the program until you are sure the printout is acceptable and you've printed all the copies you'll need.

