

FOSTER ADOPTION FORM

Adopter Information:

LAST NAME	FIRST NAME MIDDLE INITIAL		
MAILING ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER(S)	E-MAIL ADDRESS		
DRIVER'S LICENCE ID #	EXPIRES DATE OF BIRTH		
	e Adopter's ID or Drivers License to thi	s application or emai	il it to <u>foster@occr.ocgov.com</u> .
Animal Information:			
ANIMAL ID #	NAME	BREED	
SEX AGE	COLOR/MARKINGS		
MICROCHIP NUMBER	FOSTER CARETAKER NAME		
DATE OF ADOPTION:	o Adoption Fee	Subtotal	:
	o Microchip	o License	
	o Rabies	o Leash/	Carrier (w/tax)
SPECIES (Circle One)	o S/N Fee	o Donatio	on
DOG	o Flea Treatment		
САТ	o Drontal:		
OTHER	o Service:		TOTAL: \$
	o Service:		

This is not a receipt for payment



Adoption Information:

Please initial after each paragraph below to indicate that you have read, understand, and agree to that paragraph:

OC Animal Care does not certify the breed of the animal you are adopting. Any breed labeling is based purely on a "looks like" basis and should not be relied upon to indicate the true breed of your animal. The breed of your animal cannot be determined without genetic testing and your animal has not been genetically tested by OC Animal Care. Initial

DC Animal Care cannot and does not make any representations or warranties, either expressed or implied, concerning the temperament, habits, health, pedigree, disposition, sex, or background of your animal. By initialing this paragraph, you acknowledge that your animal's future reactions to you, your family or any other person are completely unpredictable because animals, like people, have their own personalities and are fundamentally unpredictable. Initial

In most cases, DC Animal Care has no access to information about the behavioral history of the animals in our care. Additionally, animals may behave and react differently to stimuli in shelter environments than in a home environment. For these reasons as well, DC Animal Care cannot guarantee the future behavior of your new animal. Initial

You acknowledge that a staff member has reviewed documented information about this animal with you, that you have received a copy of said documentation, and you understand and are aware of any medical or behavioral information contained in the documentation. Initial

You agree to assume all risk concerning the behavior of your animal. Any financial expense incurred (including, but not limited to, those resulting from medical conditions and/or your animal's behavior) after adoption of your animal is your SDLE responsibility. Initial

Lengthy housing in a shelter environment may result in additional stress to animals, resulting in some negative behaviors. If your pet has been housed at OC Animal Care. Please contact your veterinarian for potential medical or training resources. Initial _____

In consideration of adopting this animal, you agree to indemnify, defend with counsel approved in writing by the County of Orange ("County"), and hold County, its elected and appointed officials, officers, employees, agents ("County Indemnitees") harmless from any claims, demands or liability of any kind or nature, including but not limited to personal injury or property damage, arising from or related to the adoption of this animal, any future action of this animal, or any services, products or other performance provided by County. If a court determines that both you and County or County Indemnitees were negligent in causing harm, you agree to not request that a jury, instead of a judge, decide the percentage of responsibility each party has for the harm caused. Initial

In order to give your new pet the best opportunity for success in your home, we recommend they remain supervised as they acclimate to their new environment. New pets should be restrained during initial encounters with humans and other pets and should not be left alone with small children. Use careful judgement in allowing greater independent interaction between your new pet and other pets and people, particularly children. Remember, protective instincts may only surface when your pet acclimates to the home and identifies your home as its territory. Initial

As with any living creatures, your animal may have unidentified medical conditions or develop conditions in the future. OC Animal Care cannot guarantee the current or future health of your animal. Unfortunately, an animal that appears healthy when adopted may, despite our best efforts, become ill. If your new pet stops eating, is listless, vomits, has diarrhea, or exhibits other disease symptoms, take it to your veterinarian IMMEDIATELY. Additionally, due to the incubation period of certain diseases, it is strongly advised that you keep any newly adopted pet away from all other animals for a period up to two weeks. We also recommend that you not take your new pet to any public place (veterinary office/hospital excepted) for at least a two-week period. Initial

Animal Care Center Hours Monday – Sunday 11:00AM – 5:00PM Animal Care Center is CLOSED Holidays



If a medical or behavior problem is discovered within 30 days of the date of adoption, you may return your new pet with the sales receipt for an exchange. Initial _____

Any balance indicated on this receipt is only applicable to the line item(s) indicated above. You may owe additional amounts to OC Animal Care for prior unpaid services, fees, or penalties. Initial ______

By signing below, you acknowledge that you have read, understood, and agree to the terms of this Adoption Agreement.

Adopter's Signature: ______ Date: ______ Date: _____

Adopter's Name (Print):

After surgery is completed, you will be called by our vet staff when your new pet is available for pickup. Your new pet must be picked up within 24 hours after notification or current Board and Care fees will be assessed for each calendar day. (Initial______)

Animal Care Center Hours Monday – Sunday 11:00AM – 5:00PM Animal Care Center is CLOSED Holidays





POST SURGICAL RELEASE FORM

Microchip#: _____

Adoptee:

DATE: _____ ANIMAL ID #: _____ STAFF INIT:

Your new pet has just been spayed (females) or neutered (males). Although routine, these are major surgeries performed under general anesthesia using sterile operating technique. Following the guidelines below will ensure that your pet will recover smoothly as they adjust to their new environment. INITIAL

ACTIVITY: Restrict your pet's activity for 14 days after surgery. For dogs, leash walk only. No running or jumping. Keep your pet quiet, indoors, clean, warm, and dry. DO NOT BATHE for 10-14 days.

FOOD AND WATER: Initially, feed small amounts of food and water frequently to avoid gorging. Your pet may have a decreased appetite or seem sleepy and less active as a lingering effect of anesthesia, but normal appetite and activity should return within 24-48 hours.

SUTURES: Unless you are told otherwise, all sutures are absorbable under the skin and do not need to be removed. Do not clean or apply ointment to incision site. If you are told that your pet has skin sutures or staples, return in 10-14 days to have them removed. DO NOT ALLOW YOUR PET TO LICK OR CHEW AT THE INCISION. If your pet is licking at the incision site, purchase an Elizabethan collar from your local pet store or veterinarian to be worn until the site is completely healed, which takes 10-14 days. Sedation may be needed in some cases. See your veterinarian for a prescription.

TATTOO: All animals spayed or neutered at Orange County Animal Care are tattooed next to the incision site. Please inform your veterinarian. This will appear as a small green line that allows us and other clinics to know that the animal has already been sterilized.

VET EXAM: You have been given a free exam voucher by Southern California Veterinary Medical Association (SCVMA). Have your family veterinarian recheck the incision and put your new pet on a vaccination and parasite control program.

POTENTIAL COMPLICATIONS: Check the incision site daily. What you see today is what we consider normal. Minimal redness and swelling are normal and should resolve within several days. Please contact OCAC at (714) 935-6848 if you notice any of the following within the first 7 days of adoption: depression, vomiting, diarrhea, discharge, bleeding, excessive swelling, or opening at the incision site, pale gums, difficulty urinating, labored breathing, coughing, ocular or nasal discharge.

If you have any questions or concerns, please contact OCAC at (714) 935-6848 Monday-Sunday 8am –5pm. If you have questions after hours, call our after-hours line at (714) 259-1122.

Any and all financial expenses incurred after adoption are the sole responsibility of the new pet owner.

Signature Date

1630 Victory Rd, Tustin CA 92782 | Phone (714) 935-6848 | Fax (714) 259-1091 | www.OCpetinfo.com