



**County of Currituck**  
**Animal Services and Control**  
140 Aviation Parkway  
Barco, NC 27917  
Telephone: 252-453-8682  
Fax: 252-457--0087  
[www.AdoptCurrituckAnimals.com](http://www.AdoptCurrituckAnimals.com)

Mailing Address:  
153 Courthouse Road, #900  
Barco, NC 27917

Regina Maurer  
Director

Rachael Stone  
Shelter Manager

## **ADOPTION AGREEMENT**

By submitting this Adoption Agreement you understand and agree to the following stipulations in order to adopt this animal for the purposes of this agreement. The pet's name is referenced as:

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### **You understand this Adoption Agreement is a Binding Contract.**

The \_\_\_\_\_ adoption fee assists Currituck Animal Services and Control with expenses to care for the rescued animal; however any amount above the adoption fee is greatly needed and appreciated. All donations are tax-deductible. Thank you for adopting a rescued animal.

### **READ AND INITIAL EACH ONE:**

\_\_\_\_\_ I agree that this animal will become a part of the family; we require **“inside/outside”** access. We absolutely do not place animals to **“outside only”** situations unless there is a unique circumstance explained and approved at adoption.

\_\_\_\_\_ I agree to provide adequate veterinary care within 30 days of adoption. You agree that this animal will always have a warm, dry, safe place to sleep and adequate comfort, shade, or warmth at all times.

\_\_\_\_\_ I agree to **spay or neuter** this animal before 6 months of age if he or she is not already altered, and mail proof of such to us when completed. The veterinarian that performs the procedure may email or fax proof of surgery to the office or mail a copy to the Currituck County Animal Services and Control Department, 153 Courthouse Road, Suite 900, Currituck, NC 27929.

\_\_\_\_\_ I agree that no unnecessary surgeries can be performed including but not limited to declawing, tail docking, or ear cropping.

\_\_\_\_\_ Application Information: All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will advise Currituck County Animal Services and Control promptly.

**You agree to allow Animal Services and Control Staff to make a home visit.** Should Animal Services and Control Staff determine the conditions for this animal's happiness, well-being, health, or

psyche are not in the best interest of the animal, then Currituck County Animal Services and Control shall have the right to deny the adoption request. The health, safety and welfare of the animal are the priority.

**YOU AGREE THAT IF THIS ANIMAL DOES NOT WORK OUT WITH YOUR FAMILY THAT YOU WILL RETURN THE ANIMAL TO THE CARE, CUSTODY AND CONTROL OF CURRITUCK ANIMAL SERVICES AND CONTROL. BY SIGNING THIS AGREEMENT YOU UNDERSTAND THAT YOU ARE NOT FREE TO PASS THIS ANIMAL ALONG TO OTHERS, GIVE THE ANIMAL AWAY, OR SELL THE ANIMAL WITHOUT THE WRITTEN CONSENT OF CURRITUCK COUNTY ANIMAL SERVICES AND CONTROL.**

**I have been informed about the animal's history, behavior and or medical problems if any exist including past or present animal aggression and/or past incidents involving this animal. I take full responsibility of the behavior and actions of this dog/cat once in your care.**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Spouse/ Partner/ Roommate Name: \_\_\_\_\_

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

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: Under 21      21-30   31-40   41-50   51-60   61-70   71-80   Over 80

**Please list two personal references and their relationship to you:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Your veterinarian:**

Name: \_\_\_\_\_

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

**May call your veterinarian for a reference?**

Telephone Number: \_\_\_\_\_

**Please provide the following information about your pets (if any)**

Have you ever adopted a companion animal? Yes No Type? Dog Cat Other

Where is the pet now? \_\_\_\_\_

How many pets do you have? \_\_\_\_\_ Species: \_\_\_\_\_ Ages: \_\_\_\_\_

Adopted from a shelter Inherited Rescued Purchased Other: \_\_\_\_\_

**Are all your companion animals spayed/neutered?** Yes \_\_\_\_ No \_\_\_\_ **If not please explain why?**

\_\_\_\_\_  
\_\_\_\_\_

**Do you rent or own your home?** \_\_\_\_\_ **If you rent please give your landlords contact information:** \_\_\_\_\_ Telephone \_\_\_\_\_

**Who will be the primary caregiver of this pet?** \_\_\_\_\_

**Do you live in:** apartment duplex townhouse single house mobile home other

**What will happen to your animal when you have to travel or have an emergency away from your home?** *(Circle all that applies)*

Pet sitter - Family member or friend will look after - Will take with me - Leave in yard - Leave in house

**How many hours do you leave your pets alone each day?** 2-4 / 4-6 / 6-8 / 8-10 / 10-12 / 12-14 / 14+

**Under what circumstances might you consider giving up your pet?** *(Circle everything that applies)*

Moving Baby Not Getting Along with Other Pets Behavioral Problems Children

Lost Interest Too Time Consuming Allergies Separation/Divorce Medical Problems

House Breaking Other

\_\_\_\_\_ **Home visit.** I/we agree to allow you to visit my/our home as part of our application or your follow-up process.

\_\_\_\_\_ **Application Information** All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will advise you promptly.

Currituck Animal Services and Control takes special care to try and ensure that all animals in our adoption program are healthy and of suitable temperament for adoption. However due to the fact these animals are rescued or surrendered, their background information is often uncertain and it is impossible to guarantee with 100% certainty their complete medical history or temperament.

Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Currituck County Animal Services and Control:

\_\_\_\_\_ Date: \_\_\_\_\_