



Oconee Regional Humane Society

1020 Lake Oconee Pkwy, Ste 101

Greensboro, GA 30642

orhspets@gmail.com

ORHS USE: Date: _____

Animal Name: _____

Case # _____

Microchip # _____

Intake _____ Outcome _____

PetFinder _____ Flyer _____

Processed at PetSmart?

Feline Adoption Form

PLEASE PRINT LEGIBLY

Your Name(s): _____

Address: _____

Street Address

Town, State, ZIP

Email: _____

Cell Phone: _____ Home Phone _____

Best way to be reached by phone? Cell Home

Best time of day to be reached? Morning Afternoon Evening

This pet is meant to be a gift. I am answering the following questions from the perspective of the lucky recipient.

We welcome adopters who rent, or live in an apartment or condo. We want to alert you that some landlords and management companies have size and breed restrictions, limits on number of pets, and/or require pet deposits or additional fees.

Tell us about members of the new pet's household (e.g., # of adults/seniors/young children):

Tell us about pets at home (check all that apply):

We have one or more dog(s)

We have one or more small animal(s)

We have one or more cat(s)

I'd like help with introducing a new pet to pet(s) at home

Other info you want to share?

We'll explain this new pet's medical history and behavioral history. Check additional topics you'd like to discuss:

- | | | |
|---|---|--|
| <input type="checkbox"/> Feeding this pet | <input type="checkbox"/> Introducing this pet to other pets | <input type="checkbox"/> Moving with pets |
| <input type="checkbox"/> Litter box training | <input type="checkbox"/> Microchips | <input type="checkbox"/> Flea/tick prevention |
| <input type="checkbox"/> Grooming/nail trimming | <input type="checkbox"/> Finding a veterinarian | <input type="checkbox"/> Ear mites |
| <input type="checkbox"/> Exercise, toys, and fun Activities | <input type="checkbox"/> Declawing | <input type="checkbox"/> Feline Leukemia/Feline Immunodeficiency Virus |
| <input type="checkbox"/> Inappropriate elimination issues | <input type="checkbox"/> Kitten-proofing your home | |

Other questions: _____

Extra services and opportunities; check any you are interested in:

- | | |
|--|--|
| <input type="checkbox"/> Borrow/rent a carrier with this adoption | <input type="checkbox"/> Information about supporting us with financial or in-kind donations |
| <input type="checkbox"/> Information about low-cost spay and neuter services and other veterinary services | <input type="checkbox"/> Information regarding our Trap/Neuter/Return program |
| <input type="checkbox"/> Information about volunteering or fostering with us | |

A note from ORHS:

While we want every home we adopt our animals into to be the animal's forever home, we do understand that sometimes situations arise and the animal can no longer stay in that particular home. Our request to you, the adopter, is if you find yourself in this situation, please notify us! Our utmost concern is for our animals and we will do whatever we can to make sure they are safe and loved!

Payment received: \$ _____ Cash _____ Check # _____ Credit Card _____

*Adoption fees are generally not refundable.

Signature of ORHS Representative: _____ Payment Date: ____ / ____ / ____

ORHS Animal Adoption Waiver

I agree that I will humanely care for this animal by providing adequate food, water, shelter, exercise, and medical care. I agree that this animal will not be chained or staked at any time and will be maintained in accordance with all laws and ordinances in force in the community in which I reside.

I hereby accept possession and title of the animal identified by case number/name _____ / _____ at my own risk and hereby hold harmless the ORHS for any damages to person or property caused by said animal.

Signature: _____

Print name: _____

Date: ____ / ____ / ____

Signature of ORHS Representative: _____

Gift of 30 Days of Pet Health Insurance

We will send you an email about the Gift of 30 Days Pet Health Insurance with instructions on how to enroll.

At the end of the first 30-day trial, the 12-month plan will continue AUTOMATICALLY unless cancelled.

\$1,500 of coverage per annual term, available for accidents and specified illnesses during the trial period.

One time deductible of \$100 per policy term.

A 20% co-pay applies to all eligible claim reimbursements.

Do you consent to Pet Health, Inc. collecting and using your contact information for the purpose of contacting you with commercial electronic messaging and telephone communications (including contacting you regarding the Gift of Insurance)?

Yes ____ No ____ (Please initial)