



TRIAL AGREEMENT

Name of Pet: _____

Species: _____

WCAHS wants to ensure you and your family have time to help make the transition to your home.

WCAHS offers a **7-day trial period**. During this time, you will have an opportunity to help your pet get accustomed to your schedule, food, other pets, and visitors before we cash the adoption fee check. After the **7-day trial** a WCAHS will contact you to confirm the pet has a forever home. The adoption fee check will be cashed at this time and the adoption will be considered final.

If the pet should need medical attention while in your care, WCAHS needs to be contacted immediately WCAHS will not be responsible for payment if not notified. In most cases WCAHS will want the pet to be seen by the vet approved by WCAHS.

Be aware in most cases it takes at least 3 days for your pet to start to adjust to the new home environment. Calling or giving up before the 3 days could be premature.

Patience is key and understanding from the pet’s point of view needs to be considered. We encourage you bring you pet home when you have extra time to help with this adjustment, like over a weekend when the family is around.

Reaching out to the foster or other volunteers can be helpful. WCAHS has resources that can with some of the challenges encountered.

WCAHS Representative

Date

Adoptee

Date



TRIAL AGREEMENT

Reminder-as stated on your adoption agreement: WCAHS should be contacted throughout the lifetime of the pet if you can no longer care for it because of a life changing event. It CANNOT be given away or sold without the consent of WCAHS. We are committed to these animals for their lifetime and want to ensure they never have to suffer or be neglected again.



Vet Exam Agreement

Name of Pet: _____

Species: _____

Waseca County Animal Humane Society encourages a healthy pet exam within **4 days** of bringing your pet home.

This is a good way for your personal vet to take a look at the health records and get reminders set up in their system for you.

If a health concern is discovered at this visit, you should contact **WCAHS immediately** with the vet diagnoses and treatment protocol.

In majority of the cases, WCAHS will help cover portions of the medical exam and treatment costs, or will take the animal back into our care.

If a medical event happens after the 4 days – contacting WCAHS is highly recommended. But no monetary help should be expected. The pet can be returned to WCAHS at this time with a refund of the adoption fee if it is before the 7 or 15-day trial (this is a document signed on the day animal was taken to your home) is completed. If it is after the agreed trial period, there will be no refund of the adoption fee, but a donation receipt can be sent for personal taxes.

WCAHS representative

Date

Adoptee

Date

**Waseca County Animal Humane Society
Adoption Agreement
Conditions of Ownership**

Do you agree that your pet will not be given, sold or transferred to any animal shelter, pound, humane group, laboratory or individual without the permission of the Waseca County Animal Humane Society? _____

Do you agree that your animal will be kept solely and exclusively as a family pet and will not be used for breeding, fighting, or any form of medical research? _____

Do you agree that under your ownership your animal will receive current vaccinations, heart worm testing and preventatives, dental care, routine fecal analysis, routine health examinations, a healthy diet and overall good general care? _____

Do you agree that all post adoption medical expenses on behalf of the animal will be solely your responsibility as the new owner? _____

Do you agree that your animal will never be staked, tied, or bound to any stationary object without being within the immediate vicinity to monitor your animal for safety? _____

Do you agree that you will not leave your pet unattended around unfamiliar animals? _____

Do you agree that your animal will wear a collar bearing identification at all times, and that Waseca County Animal Humane Society will be notified immediately should your pet become lost or stolen? _____

Do you agree that if problems develop which would prevent you from keeping your pet Waseca County Animal Humane Society will be contacted so they can assist in finding a new placement for the pet? _____

**Do you agree, as the owner, to take full responsibility for any future liability concerning your pet and release Waseca county Animal Humane Society, the previous owner and all others previously involved with this pet from any liability incurred with regards to the pet from this day forward?
_____**

Do you understand that your ownership of the pet will be subject to the above conditions and that if they are broken in any way, WCAHS will be fully authorized to repossess the pet? Do you understand that if immediate repossession is not possible, you will be liable for all legal costs and expenses accrued in the repossession of the pet? _____

Adopted pet's Name: _____ M/F Markings/Color: _____

Adoptor's Signature: _____ Date: _____

WCAHS Rep Signature: _____ Date: _____