



# WOOFSTOCK 2ND CHANCE CAMP

woofstockcamp.org

WoofStock 2nd Chance Camp  
3355 W FM 720  
Little Elm, TX 75068  
(940) 595-8148  
adoptions@woofstockcamp.org

## Adoption Contract

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### Pet Information (to be filled out by WoofStock representative)

Pet Name: \_\_\_\_\_  Male /  Female  Sterilized

Dog /  Cat /  Puppy /  Kitten /  Other \_\_\_\_\_ Breed: \_\_\_\_\_

Description: \_\_\_\_\_

PPID# \_\_\_\_\_

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### Adopter Information

Please read and acknowledge the following by placing your initials in the spaces provided:

- I understand that I must provide proof of sterilization to the WoofStock 2nd Chance Camp immediately after the procedure **if my pet was too young at the time of adoption for sterilization**. I have up to 3 months from the date of adoption to provide proof. This contract is void if I can't provide proof, and, I will return pet to WoofStock 2nd Chance Camp. \_\_\_\_\_
- I understand that I will be responsible for keeping my pet's yearly vaccinations up to date. \_\_\_\_\_
- If I am unable to care for this pet, or I do not want it any longer, I understand that it is my obligation to bring the pet back to this facility, where I will immediately surrender the pet and all rights to the pet. \_\_\_\_\_
- Adopter understands WoofStock 2nd Chance Camp (WSCC) makes no warranty or guarantee regarding the health, nature, or disposition of the adopted animal. The adopter accepts the animal as is, with any and all medical or personality issues present or otherwise. The adopter further agrees to release, defend and indemnify WSCC from and against any/all claims, damages, or injuries caused by, related to, or arising out of the adoption or ownership of this animal. \_\_\_\_\_
- WoofStock 2nd Chance Camp recommends that every adopted animal be examined by a vet as soon as possible following adoption. \_\_\_\_\_
- I understand that this pet is not a gift outside my household and all adults within my household agree to the adoption this pet. \_\_\_\_\_

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

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

DL# \_\_\_\_\_ DOB \_\_\_\_\_ State \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone (if different): \_\_\_\_\_

Email: \_\_\_\_\_

I agree I am 18 years of age or older.  Yes

Rent  Own  If renting, do you have landlord approval for a new pet and paid deposit? \_\_\_\_\_

Are there children in your household? Ages \_\_\_\_\_

Do you have other pets? Please list: \_\_\_\_\_

\_\_\_\_\_

References: 1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Adopter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount paid \$ \_\_\_\_\_ Cash\_\_ Ck.\_\_ CC: M/C\_\_\_\_ Visa\_\_ other\_\_

ADOPTION SITE \_\_\_\_\_

**WoofStock Representative Signature:** \_\_\_\_\_

Office only:

PPID \_\_\_\_\_