



# UNITED STATES WOLF REFUGE

P.O. Box 2756

Sparks, Nevada 89432

(775) 475-0510

*a national non profit organization  
dedicated to protecting and promoting the welfare of all wolves throughout North America  
by providing education, information, refuge, and adoption services*

## UNITED STATES WOLF REFUGE & ADOPTION CENTER ADOPTION AGREEMENT

I am knowingly and willingly adopting the animal that is described below. In doing so, I acknowledge that I will become responsible for the animal's actions after my signing of this agreement. I also am aware that I am required to comply to all stipulations stated in this agreement. I acknowledge that I have been made aware of this animal's behavior and the conditions and precautions necessary to provide it with a happy, healthy, and humane home.

### Animal to be Adopted (please print clearly)

Animal's Name: \_\_\_\_\_ Sex: M  F  Spayed/Neutered: Yes  No

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate (day/mo/yr): \_\_\_\_\_ Age: \_\_\_\_\_

Percentage: \_\_\_\_\_ Breeder: \_\_\_\_\_

Street: \_\_\_\_\_

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

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

I agree to supply the animal with any and all needed veterinarian care including yearly vaccinations for D.A2.L.P.P.Cvk and Rabies, and to have yearly examinations for parasites and, if necessary, treated promptly.

If it has not been done previously, I agree to spay/neuter the animal within 30 days of the adoption date or within 30 days of the animal reaching 6 months of age. If failure to comply with this results in the production of any offspring, they will become the property of the UNITED STATES WOLF REFUGE & ADOPTION CENTER. (USWRAC)

I agree not to permit the animal to be used for any kind of medical research or experimentation.

I agree not to permit the animal to be used in nor exposed to any kind of dog fighting or similar activity.

I agree to take all measures to insure that this animal is humanely but securely confined, and if the animal does escape, it will carry the necessary identification to facilitate its return. (chains/cables and any other means of tie-outs are unacceptable)

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I agree to supply the animal with sufficient amounts of nutritious food, clean water, and adequate shelter at all times.

I agree not to sell, give away or abandon the animal. If I cannot keep the animal for any reason, I agree to return it to the USWRAC, and the adopter will relinquish any and all claims to it (adoption donation non-refundable; adopter to pay all transportation and medical expenses)

I agree not to release the animal to Animal Rabies Control, Humane Society or any other related facility for any reason without prior written consent from the USWRAC.

I agree to supply the animal with abundant love, companionship and exercise.

I agree to give any representative of USWRAC the legal right to access the animal and the premises where it resides, regardless of whether I'm present, at any time for any reason.

I agree to pledge the amount of \$ \_\_\_\_\_ as a totally tax-deductible donation to the UNITED STATES WOLF REFUGE & ADOPTION CENTER. (payable at time of adoption)

FAILURE OF THE ADOPTER TO COMPLY WITH ANY AND ALL OF THESE CONDITIONS WILL BE SUFFICIENT CAUSE FOR THE REPOSSESSION OF THE ANIMAL BY THE UNITED STATES WOLF REFUGE & ADOPTION CENTER, AND THE ADOPTER WILL RELINQUISH ANY AND ALL CLAIMS TO IT.

\_\_\_\_\_  
UNITED STATES WOLF REFUGE &  
ADOPTION CENTER AGENT

\_\_\_\_\_  
ADOPTER  
*(signature)*

\_\_\_\_\_  
Adoption Date

\_\_\_\_\_  
Adopter's Name  
*(printed)*

\_\_\_\_\_  
Address

\_\_\_\_\_  
City - State - Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Social Security Number