

# Horse Plus Humane Society - E-Adoption Form

Before adopting, please fill out this Adoption Form and read the legal information.

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

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

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

City: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Type: \_\_\_\_\_

Sex: \_\_\_\_\_

Condition: \_\_\_\_\_ - Body Score: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Years Old - *Approximately*

Color: \_\_\_\_\_

Height: \_\_\_\_\_ Hands

Weight: \_\_\_\_\_ lbs. - *Approximately*

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

NER #: \_\_\_\_\_

Registered: \_\_\_\_\_

Brand / Tattoo: \_\_\_\_\_ NER

Markings: \_\_\_\_\_

ID #: \_\_\_\_\_

Adoption Fee: \$ Waived

Monthly Care Cost: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

## Legal Matters:

Definitions: For the rest of the document, "WE" and "US" refers directly to and only to: Horse Plus Humane Society, staff and / or volunteers.

**Section 1.1** – This contract is for a virtual "E-Adoption" of this animal. This animal shall remain in the possession of, care of and under the control of Horse Plus Humane Society. It shall be housed at Horse Plus Humane Society shelter or other facility in the control of Horse Plus Humane Society.

**Section 1.2** – I understand that I am not the legal owner of this animal, which releases me of any and all liability for this animal's actions. Should I choose to physically adopt this animal, I understand that I need to follow all adoption guidelines and policies set forth by Horse Plus Humane Society including completing the adoption application process.

**Section 2.1** – The monthly care cost, as set forth above, is my tax deductible donation to give this animal the gift of life and love.

**Section 2.2** – If, for whatever reason, I do not donate the monthly care cost for a period of 45 days, this contract shall be deemed null and void and this animal shall be available for adoption, e-adoption or given the Last Act of Kindness, solely at the discretion of Horse Plus Humane Society.

**Section 3.1** – I understand that I am responsible for the non-routine veterinarian expenses associated with this animal. I hereby authorize Horse Plus Humane Society to make medical decisions for this animal and will fund medical expenses up to: \$\_\_\_\_\_.00 without authorization. Should the medical costs be more than what I have chosen, and the injury or illness is not a grave emergency causing undue suffering, Horse Plus Humane Society staff shall contact me before medical care is given. If the injury or illness is a grave emergency and this animal is suffering, and/or I am unable to be contacted via telephone, I understand that Horse Plus Humane Society may euthanize this animal to relieve suffering due to injury or illness.

**Section 3.2a, limited to equine - Yes**, I would like my E-Adopted equine to be given an annual health and wellness exam and a dental done on or about February of each year by a veterinarian. I agree to donate the \$300.00 needed for this on or about January 15<sup>th</sup> of each year.

**Section 3.2b, limited to animals other than equine – Yes**, I would like my E-Adopted animal to be given an annual health and wellness exam done on or about February of each year by a veterinarian. I agree to donate the \$100.00 needed for this section on or about January 15<sup>th</sup> of each year.

**Section 4.1** – If any of this contract is found to be unenforceable; the remaining sections shall be enforced as allowed by law.

An Electronic Signature carries the same legal weight as if you were signing your name to a printed document. To complete this form, please provide your electronic signature below by typing your full name.

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

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