



**Okinawa Stray Pet Rescue (OSPR)  
Adoption Contract**

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

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

Email: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Sponsor Name/Rank: \_\_\_\_\_ Phone: \_\_\_\_\_

Branch: \_\_\_\_\_ Unit/Organization: \_\_\_\_\_

OIC Name/Contact Info: \_\_\_\_\_

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

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

Which animal are you adopting? CAT DOG OTHER **PET's NAME w/OSPR:** \_\_\_\_\_

If this animal was found as a stray off base, it was reported to the local police on: \_\_\_\_\_

90 day expiration for owner to claim: \_\_\_\_\_

Adoption Fee: \_\_\_\_\_ Amount Paid Today: \_\_\_\_\_ Method: \_\_\_\_\_

Current Household Members (including pets): \_\_\_\_\_

**Vetting/Care Completed by OSPR at time of adoption:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Health Check                | <input type="checkbox"/> Spay/Neuter           | <input type="checkbox"/> Flea/Tick Prevention |
| <input type="checkbox"/> 1 <sup>st</sup> shots _____ | <input type="checkbox"/> Microchip             | <input type="checkbox"/> Fecal Exam           |
| <input type="checkbox"/> 2 <sup>nd</sup> shots _____ | <input type="checkbox"/> Heartworm Test _____  | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> 3 <sup>rd</sup> shots _____ | <input type="checkbox"/> Monthly HW Prevention |   |
| <input type="checkbox"/> Rabies _____                | <input type="checkbox"/> FIV/FELV Test _____   |   |

**Vetting to be completed by Owner within 60 days:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 2 <sup>nd</sup> shots due: _____ | <input type="checkbox"/> Microchip       | <input type="checkbox"/> FIV/FELV Test (Cats) |
| <input type="checkbox"/> 3 <sup>rd</sup> shots due: _____ | <input type="checkbox"/> Heartworm Test  | <input type="checkbox"/> Mthly Flea/Tick Prev |
| <input type="checkbox"/> Rabies due: _____                | due: _____                               | <input type="checkbox"/> Follow Up            |
| <input type="checkbox"/> Spay/Neuter                      | <input type="checkbox"/> Monthly HW Prev | For: _____                                    |



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Health/Other Information about your pet: Your Pet is Heartworm:            Positive            Negative

**IMPORTANT HW INFO:** Your pet was tested for HW on \_\_\_\_\_ and tested positive. Since that date he/she has been on the “slow kill” heartworm treatment method, which is less aggressive and safer for your pet. However, this treatment takes longer to eradicate all heartworms present in your pet. There is a second treatment available to you that is a more aggressive form using Immiticide. On Okinawa, this treatment is ONLY available through Kadena Vet Clinic, and there is a short wait list. You must have the health of your pet assessed prior to treatment, and please consult with a veterinarian to decide which is the best option for your pet. If you begin treatment through the Kadena Vet Clinic, they will instruct you on when to retest for heartworms. If you choose the slow-kill approach, you will retest every 6 months, including 6 months from the date listed above, until negative. By signing this statement, you acknowledge that you are adopting a HW positive pet and that you are comfortable and financially prepared to continue treatment for your pet. You will also retest upon instruction of this contract. Please, sign if you certify that you DID receive an info packet on HW and have read and understand the information provided to you. **Adopter Signature:** \_\_\_\_\_

Further details about your pet: \_\_\_\_\_

Are you interested in volunteering with OSPR?            YES            NO

Do you know anyone else who may be interested in volunteering? \_\_\_\_\_

Would you like to make a one-time or monthly monetary donation? YES    NO    Monthly/One-time \$ \_\_\_\_\_

Do you have anything else you would like to share with our rescue? \_\_\_\_\_

**Terms and Conditions:**

\_\_\_\_\_ **By signing this application, I agree to abide by all terms in this contract.**

\_\_\_\_\_ **I agree to notify OSPR immediately if I am not able to keep the animal FOR ANY REASON while still residing on Okinawa.**

\_\_\_\_\_ **I understand that OSPR in-taking my pet in the event I am unable to take it is on a space available basis and is not guaranteed. However, OSPR reserves the right to approve/deny any person in which I am wishing to rehome the pet to.**

\_\_\_\_\_ **I understand that there will be a turn-in fee of not less than \$75 cats/\$100 dogs and not more than \$300 depending on the health and condition of the animal when I return it to OSPR.**



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\_\_\_ I understand that if I fail to honor any terms in this agreement or my pet is discovered to have been abandoned, rehomed, attempted to be rehomed, harmed, neglected, abused, or the owner plans to euthanize the animal without approval from OSPR, OSPR may confiscate the animal within 24 hours of notice to me of their intent to confiscate the animal. Even in the event of confiscation, a turn-in fee will apply and I agree to pay it upon surrendering the animal to OSPR.

\_\_\_ I agree to provide OSPR with all the pet's supplies, vet records, training history/certificates, etc. if they confiscate the animal or I request them to intake the animal.

\_\_\_ I understand that OSPR will take actions including but not limited to contacting my chain of command, local and military authorities, other rescue/pet adoption organizations which I may wish to adopt from in the future if I do not fully honor and cooperate with all terms within this contract.

\_\_\_ I understand that rehoming my pet for most if not all reasons will disqualify me from adopting any further animals through OSPR and possibly other organizations on island.

\_\_\_ I understand that if there is additional vetting that this animal requires at this time, it is outlined in this contract and **MUST** be completed within 60 days of adoption. I agree to contact OSPR and provide copies of proof of all required vetting upon completion and within the 60-day time limit. The only exception is if the animal is under 6 months of age, I will need to spay/neuter my pet once they turn 6 months old. If I fail to meet any of these vetting requirements, I agree to surrender the animal back to OSPR and **OSPR ONLY**. Surrender fee will apply as previously described in this contract.

\_\_\_ I understand that the price of each animal varies based on their needs, medical costs, and completed vetting and may be different if I decide to adopt another pet in the future or refer a friend to this organization.

\_\_\_ If I have adopted an animal that was found stray and reported to the Japanese police, I understand that the original owner of that animal has 90 days from the date of the police report to claim their pet and I **MUST** surrender this pet should the rightful original owner come forward to claim their pet within the 90 day time limit. If this is applicable the date is outlined above in this contract. Should this happen, I will be refunded all costs and fees in full (minus any monetary donations made to the organization).

\_\_\_ I understand that even though I may refer someone to this organization to adopt, they will still have to go through the application and approval process and may be denied.

\_\_\_ I agree to provide written updates and pictures (via Facebook, or email) at least every 6 months, or when requested by OSPR, while I remain on island. Updates beyond this time are welcomed but not required.

\_\_\_ If the pet becomes seriously ill or injured and I do not have the means to properly care for that pet, I will contact OSPR for assistance. Assistance is not guaranteed but will be provided if possible. I will not attempt to euthanize the pet without **PRIOR** notice and consultation with OSPR.



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\_\_\_\_ I understand that all military housing has a two pet limit and that dogs are not permitted past the 3<sup>rd</sup> floor towers or in any barracks/dorms. I agree to follow all pet regulations and restrictions with base housing, local rent policies, etc. If I am in violation of any military or local pet policies, I must surrender the pet to OSPR and will have to pay an appropriate intake fee.

\_\_\_\_ I understand that heartworms are VERY common and it is extremely important (and required by this contract) to maintain monthly heartworm prevention for my adopted dog.

\_\_\_\_ If I adopt an unspayed female that is later learned to be pregnant at the time of adoption, I must surrender the babies upon being weaned between 6-8 weeks. I will not be permitted to sell or rehome these animals.

\_\_\_\_ If I fail to spay my pet and allow her to become pregnant post adoption, OSPR may intake the babies upon being weaned between 6-8 weeks, and if they deem circumstances warrant, I may also be required to surrender my pet to OSPR.

\_\_\_\_ I understand that BREEDING IS PROHIBITED TO ALL SOFA MEMBERS ON OKINAWA. I do not intend to breed my pet or allow him or her to produce any offspring.

\_\_\_\_ I certify that I understand all the terms of this contract, and I have already addressed any questions or concerns that I have.

I certify that I received the following documents:

- |   |   |
|---|---|
| <input type="checkbox"/> American Heartworm Society Handout | <input type="checkbox"/> FIV/FELV Handout (Cats Only) |
| <input type="checkbox"/> Kadena Vet Clinic Packet           | <input type="checkbox"/> Receipt for Adoption         |
| <input type="checkbox"/> Vet Records for adopted animal     | <input type="checkbox"/> Copy of this contract        |
| <input type="checkbox"/> Certificate of Adoption            |   |

Signature of Adopter/Owner:

\_\_\_\_\_

Signature of Adopter/Owner:

\_\_\_\_\_

OSPR Representative:

\_\_\_\_\_

Signature of OSPR Representative:

\_\_\_\_\_

OSPR Representative 2:

\_\_\_\_\_

Signature of OSPR Representative 2:

\_\_\_\_\_



**Okinawa Stray Pet Rescue (OSPR)  
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Updates provided by owners (DATE):

\_\_\_\_\_

**INTAKE FOR THIS ANIMAL IF RETURNED (STAFF ONLY):**

Date: \_\_\_\_\_ Owner's Name/Signature: \_\_\_\_\_

Turn-In Fee: \_\_\_\_\_ Date Paid/Method: \_\_\_\_\_

Reason for Turn-In: \_\_\_\_\_

\_\_\_\_\_

Pet's Original Name w/OSPR: \_\_\_\_\_ Pet's Current Name: \_\_\_\_\_

Vetting Completed by Owner IAW Adoption Contract: Yes No Registration Transfer on: \_\_\_\_\_

Complete vet records provided to OSPR at time of turn-in: Yes No Partial

Pet's current needs: \_\_\_\_\_

- 
- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Health Check                | <input type="checkbox"/> Spay/Neuter          | <input type="checkbox"/> Fecal Exam   |
| <input type="checkbox"/> 1 <sup>st</sup> shots _____ | <input type="checkbox"/> Microchip            | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 2 <sup>nd</sup> shots _____ | <input type="checkbox"/> Heartworm Test/Pre   | _____                                 |
| <input type="checkbox"/> 3 <sup>rd</sup> shots _____ | <input type="checkbox"/> FIV/FELV Test (Cats) | _____                                 |
| <input type="checkbox"/> Rabies _____                | <input type="checkbox"/> Flea/Tick Prevention | _____                                 |

OSPR Rep Name/Title: \_\_\_\_\_ OSPR Rep Signature: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_