



**Okinawa Stray Pet Rescue (OSPR)  
Direct 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 **OZATO #:** \_\_\_\_\_

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

Current & Future (if known) Household Members (including pets & children): \_\_\_\_\_

Vetting to be completed by Owner within 60 days:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1 <sup>st</sup> shots due:<br>IMMEDIATELY | <input type="checkbox"/> Spay/Neuter          | <input type="checkbox"/> Mthly Flea/Tick Prev |
| <input type="checkbox"/> 2 <sup>nd</sup> shots due: _____          | <input type="checkbox"/> Microchip            | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> 3 <sup>rd</sup> shots due: _____          | <input type="checkbox"/> Heartworm Test       | _____   |
| <input type="checkbox"/> Rabies due: _____                         | <input type="checkbox"/> Monthly HW Prev/Tr   | _____   |
|  | <input type="checkbox"/> FIV/FELV Test (Cats) | _____   |



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**IMPORTANT HW INFO:** You must test your dog for heartworms ASAP. If they test positive you may treat off-base via 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 until negative. By signing this statement, you acknowledge that you may be 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:** \_\_\_\_\_

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? \_\_\_\_\_

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**Terms and Conditions:**

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

\_\_\_\_ I UNDERSTAND THAT OSPR HAS NO INFORMATION ON THE HISTORY OF THIS PET. THEY HAVE NO KNOWLEDGE OF ANY POTENTIAL MEDICAL CONDITIONS PAST OR PRESENT AND WILL NOT BE HELD LIABLE FOR ANY HEALTH ISSUES OR CONCERNS DISCOVERED AFTER ADOPTION.

\_\_\_\_ I UNDERSTAND THAT OSPR PERFORMED A BRIEF TEMPERMENT TEST ON THIS ANIMAL WITH ADULTS ONLY AND THE PET APPEARS FRIENDLY. ADDITIONALLY, THE PET DID NOT SHOW AGRESSION SIGNS AT THE FACILITY TOWARDS OTHER DOGS. HOWEVER, THIS DOES NOT MEAN THAT THESE ISSUES WILL NOT ARISE IN THE FUTURE. IT IS IMPOSSIBLE TO KNOW HOW THIS ANIMAL WILL ACT IN YOUR HOME.

\_\_\_\_ IT IS UNKNOWN IF THIS ANIMAL IS POTTY-TRAINED.

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\_\_\_ IT IS UNKNOWN IF THIS ANIMAL IS GOOD WITH CHILDREN, CATS, OR OTHER ANIMALS. THIS COULD CREATE A VERY DANGEROUS SITUATION, AND OSPR RECOMMENDS USING EXTREME CAUTION AND/OR POSSIBLY A PROFESSIONAL TRAINER WHEN INTRODUCING YOUR PET TO NEW PEOPLE OR ANIMALS.

\_\_\_ I understand that OSPR generally does NOT intake direct adopts in the event that I am not able to keep the animal. I understand that I must be prepared to train this animal, provide patience, and, if needed, professional training or assistance in order to have a well-mannered, behaved household pet. I will not rely on OSPR's assistance if I am not able to keep this pet.

\_\_\_ 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 of the health and condition of the animal when I return it to OSPR.

\_\_\_ 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, etc. 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 my fee for a direct adoption is much lower than normal adoption fees through OSPR due to vetting that is provided by OSPR for other adoptions. Therefore, if I decided to adopt another pet in the future or refer a friend to this organization, the costs may vary.



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\_\_\_ 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.

\_\_\_ 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 at OSPR's request upon being weaned between 6-8 weeks. I will not be permitted to sell or rehome these animals without permission from OSPR.

\_\_\_ 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"/> Certificate of Adoption            | <input type="checkbox"/> Copy of this contract        |

Signature of Adopter/Owner:

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Signature of Adopter/Owner:

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OSPR Representative:

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Signature of OSPR Representative:

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OSPR Representative 2:

Signature of OSPR Representative 2:

\_\_\_\_\_

Comments (For OSPR Rep ONLY): \_\_\_\_\_

Updates provided by owners (DATE):

\_\_\_\_\_  
\_\_\_\_\_

**INTAKE FOR THIS ANIMAL IF RETURNED:**

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

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

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

Pet's Ozato Number: \_\_\_\_\_ 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 | _____                                 |

Other/Comments: \_\_\_\_\_

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

\_\_\_\_\_