



**Okinawa Stray Pet Rescue (OSPR)
Trial Period Contract**

Date: _____

Name: _____ Telephone: _____

Email: _____ Departure Date: _____

Sponsor's Name/Rank: _____ Phone: _____

Branch: _____ Unit/Organization: _____ **PET'S NAME W/OSPR:** _____

Physical Address: _____

Mailing Address: _____

Regular Adoption Fee: _____ Discount/Special Applied: _____ New Adoption Fee: _____

Deposit Amt/Date: _____ Payment Method: _____ Balance Due/Date: _____

Payment details/other info: _____

Current Household Members (include age of minors): _____

Have you completed the adoption application and submitted the \$10 app fee? YES NO Date: _____

What vet do you plan to use? _____

Would you like recommendations for a vet? Yes No

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: PLEASE READ CAREFULLY: By signing this contract I agree to abide by all terms herein. I understand that I do not own this animal and I must return it to OSPR at their direction. I understand that \$100 of my deposit/adoption fee will be forfeit if I fail to complete the full two week trial without approval from OSPR due to extenuating circumstances or major issues with the pet. If I complete the trial period and decide that this pet is not the right pet for our family, all monies paid minus my \$10 application fee and any donations I have made will be refunded, or may be applied to a new available animal if approved by OSPR. I understand that OSPR may decide that I/we are not the right fit for the pet and may deny the adoption, in which case again, all money would be refunded minus the application fee unless it is determined there was mistreatment, neglect on my part, untruths on my application or other reason of my own fault, resulting in the denial of the adoption. I agree not to schedule any grooming or vet appointments for the animal during the trial period without prior approval from OSPR. If there is an emergency requiring a vet visit I will notify OSPR immediately. Failure to immediately notify OSPR may result in myself being responsible for the vet costs. If I lose control of the animal for any period of time I will notify OSPR immediately. If OSPR is charged a fee from Ozato, Karing Kennels or other animal control agency to obtain the pet I will be responsible for this cost. Additionally, should the animal become sick and I am found to be at fault, injured for any reason while in my care OR while the animal is loose should I lose control of the animal, I will be responsible for any vet costs for said illness, or injury. I will not add any further animals into the home for ANY reason (pet sitting etc.) during this trial period without approval from OSPR. I will not leave the pet in anyone’s care other than my listed household members without prior approval from OSPR. I will not depart the island of Okinawa with the pet. I will provide at least 72 hours-notice for OSPR to find a foster home for the pet if I decide not to adopt. If I have any questions or concerns during the trial I understand I should contact OSPR right away. I understand that if I do decide to adopt, upon the end of my two-week trial period I must pay the remaining balance due and meet OSPR in person, with the pet at the Kadena vet clinic to be registered or I will forfeit my right to adopt. I will be required to finish any remaining vetting (spay/neuter, microchip, shots etc.) within a set period of time and provide proof of this to OSPR. If OSPR has lent me any supplies, I understand this is for the duration of the trial period ONLY and must be returned at my final adoption appointment. If I fail to return any supplies in the same condition as I received them, I may be charged to replace these items. I understand that if I have any questions regarding requirements when adoption is finalized or thereafter I will address this with OSPR immediately.

Additional terms if any of this trial period: _____

OSPR Supplies Provided for Trial Period: _____

OSPR Rep: _____

Adopter Signature: _____

OSPR Signature: _____

Adopter Signature: _____



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TO BE COMPLETED BY OSPR:

Trial Start Date: _____ Projected End Date: _____ Actual End: _____

Trial Ended Early? Yes No New Trial End Date: _____ Deposit Refunded? Yes No NA

Reason: _____

Date of Refund: _____ Refund Method: _____ Approved by: _____

Trial Extended? Yes No New Trial End Date: _____ Approved by: _____

Reason: _____

Adopting? Yes No

Reason for Not Adopting (if applicable): _____

Reason if OSPR DENIED adoption: _____

*** If Dog/Cat Director denies adoption/ends trial they will NOT inform the adopter, they will notify the President or Vice President who will make the final approval or denial and notify the adopter***

Approved/Denied Add to Blacklist? Yes No President/VP Signature: _____

Date/Time/Location of Adoption Appt: _____ Appt w/: _____

Other Notes: _____

OSPR Rep Name: _____ OSPR Rep Signature: _____