



Rockingham County Humane Society

Speaking for those who cannot speak for themselves

www.rockinghamcountyhumanesociety.org
info@rockinghamcountyhumanesociety.org

205 Boone Rd., Eden, NC 27288
336-623-4428

Adoption Agreement

I _____ (adopter), am adopting
(pet's name), a _____ from the Rockingham County Humane Society on _____ (date).

I agree that if for any reason I can no longer keep the adopted animal I will return the animal to the Rockingham County Humane Society. I agree to have the adoptive animal spayed/neutered by the time it reaches 6 months of age.

About Adoptive Home:

Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Veterinarian's Name:

Veterinarian's Phone:

Adoption Fee Paid:

I understand that completion of this on-line application does not guarantee that I will receive the animal in question. Application must be submitted to and approved by Rockingham County Humane Society.

Signature of applicant:

Date:

Humane Society
Representative:

Date: