



# WHEEK CARE GUINEA PIG RESCUE (WCGPR)

## Adoption Agreement

### Adopter's Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Email Address: \_\_\_\_\_ Age: (if under 18) \_\_\_\_\_

Names (or guinea pig tag #) you interested in adopting? \_\_\_\_\_

\_\_\_\_\_

### Pet Information

Who is/was your veterinarian? \_\_\_\_\_ May we contact? Y N

How many pets do you own currently? DOGS \_\_\_\_\_ CATS \_\_\_\_\_ RABBITS \_\_\_\_\_ OTHER \_\_\_\_\_

How often do your pet(s) see the veterinarian? \_\_\_\_\_

Where will your guinea pig be housed? \_\_\_\_\_

What do you plan to feed your guinea pig? (Please be specific) \_\_\_\_\_

\_\_\_\_\_

Can you provide a reference? \_\_\_\_\_

If so, please provide name address and phone number: \_\_\_\_\_

\_\_\_\_\_

### Check Yes or No for the following:

- |            |           |  |
|------------|-----------|--|
| <b>YES</b> | <b>NO</b> |  |
| ___        | ___       | Do you know how to clip your guinea pig(s) toenails?   |
| ___        | ___       | Does your veterinarian treat guinea pig(s)?  |
| ___        | ___       | Will you obtain medical care for your guinea pig(s)?   |
| ___        | ___       | Do you plan on having children handle the guinea pig(s)? If yes, how old? _____                |
| ___        | ___       | (If yes to above) Have the children handled guinea pig(s) before?                              |
| ___        | ___       | Do you plan to breed your new guinea pig(s)?   |
| ___        | ___       | Do you understand that the adopted guinea pig(s) must be housed in a C&C cage or MidWest Cage? |

### Agreement to Terms of Adoption:

I/WE, THE UNDERSIGNED, HEREBY AGREE THAT IF, FOR WHATEVER REASON, WE DETERMINE WE NO LONGER WISH TO KEEP THE ABOVE ADOPTED GUINEA PIG(S), WE WILL RETURN IT/THEM TO WHEEK CARE GUINEA PIG RESCUE. I/WE ALSO AGREE TO HOUSE ADOPTED GUINEA PIG(S) IN A CAGE TO THE SIZE SPECIFIED BY WHEEK CARE. I/WE FURTHER AGREE THAT IF WE ARE NOT ABLE TO PROVIDE PROPER VETERINARY CARE FOR OUR ADOPTEE(S), WE WILL RETURN IT/THEM TO WHEEK CARE GUINEA PIG RESCUE IMMEDIATELY SO THAT PROPER MEDICAL INTERVENTION CAN BE OBTAINED WITHOUT DELAY. I/WE AGREE TO NEVER BREED ADOPTED GUINEA PIG(S), EVER. I UNDERSTAND THAT THIS DOCUMENT IS LEGAL AND BINDING.

Signature of Adopter(s): \_\_\_\_\_ (electronic signatures are legally binding)

Adoption Fees: Singles \$25.00 Pair \$40.00 Trio \$50.00 **NON REFUNDABLE**

**Wheek Care Guinea Pig Rescue**  
 429 Esther Avenue - New Kensington, PA 15068  
 Email: [wheekcare2017@gmail.com](mailto:wheekcare2017@gmail.com)  
[www.wheekcare.org](http://www.wheekcare.org)

# WHEEL CARE GUINEA PIG RESCUE (WCGPR)

## ADOPTION AGREEMENT (Page 2)

Wheel Care Guinea Pig Rescue (WCGPR) is Western Pennsylvania's premier rescue organization for guinea pigs and assorted other small exotic companion animals. Our commitment is to promoting and supporting a healthy, and happy lifelong relationship between you and your new guinea pig(s). Pet ownership is a commitment and responsibility and by signing this agreement today, you are acknowledging and demonstrating your agreement of our adoption guidelines and policies.

**You, the Adopter, understand and agree to the following:** *(please read and initial)*

\_\_\_\_\_ I agree to provide this/these guinea pig(s) a loving home, humane environment, quality nutrition, regular exercise and companionship, and abide by all applicable animal control laws. I further agree that this/these guinea pig(s) will be kept as an indoor-only companion.

\_\_\_\_\_ I understand and agree to abide by the caging requirements set forth by Wheel Care. These requirements specify the adopted guinea pig(s) is/are to live in a C&C cage (cubes & coroplast) no smaller than a 2 X 3 (28" x 42"). Adopted guinea pig(s) may also be housed in a Midwest cage at a minimum measurement of 47" L X 24" W X 14" H.

\_\_\_\_\_ I agree to have the adopted guinea pig(s) examined by a licensed, cavy-savvy veterinarian when illness may occur, and thereafter when needed. In case of injury, I agree to seek prompt veterinary care. I also understand that Wheel Care will not cover treatment for illness incubated in rescue.

\_\_\_\_\_ I agree to not have any cosmetic surgeries performed on my guinea pig(s) including, but not limited to, declawing, ear tags, dying/coloring fur, shaving fur when not appropriate based on guinea pig(s) breed/fur type, etc.

\_\_\_\_\_ I agree to not abandon, give away, sell, dispose of the guinea pig(s) in any way, or permit the guinea pig(s) to be used for any type of experiment or vivisection. I agree to notify Wheel Care immediately if I determine that I no longer want or can no longer keep the guinea pig(s), so that Wheel Care can schedule an intake and arrange another adoption as appropriate. This also means that the adopter is responsible for transporting the guinea pig(s) to Wheel Care for intake. I further agree not to surrender the guinea pig(s) to an animal shelter/rescue other than Wheel Care.

\_\_\_\_\_ I understand that in order to keep my pet guinea pig(s) healthy, I need to feed an appropriate diet. Dietary suggestions are provided by Wheel Care via our website and can be provided to adopters at any time by emailing or calling the rescue. Vegetables, fruits, quality pelleted food, and hay are all examples of an appropriate diet.

\_\_\_\_\_ I agree to never use the adopted guinea pig(s) for breeding purposes.

**I, the adopter, understand that:** *(please read and initial)*

\_\_\_\_\_ The Adoption Application in which I completed prior to completing this agreement, is understood as being true and to the best knowledge of myself, the adopter. I also understand that the information contained within the Adoption Application is legally binding in conjunction with this agreement.

If I do not comply with the terms of this agreement, or the guinea pig(s) is/are abused or neglected, I understand that one of Wheel Care's remedies will be to recover the guinea pig(s) from me upon demand. Depending on the severity of the breach of agreement, Wheel Care reserves the right to seek compensation for injury or damage to the guinea pig(s). Furthermore, I agree that Wheel Care is not liable to me or any other party for any losses, injuries, damages, costs, expenses, liabilities, lawsuits, or judgments whatsoever about my adoption and ownership of the guinea pig(s).

Signed:

Print:

Date:

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Mailing Address:

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**WHEEK CARE GUINEA PIG RESCUE (WCGPR)**  
**ADOPTION AGREEMENT (Page 3)**

**FOR OFFICE USE ONLY**

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

Adopted Guinea Pig(s) ID Number(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adopted Guinea Pig(s) Name(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adopter Name and Address \_\_\_\_\_

\_\_\_\_\_

Adopters Phone Number \_\_\_\_\_ Adopters email address \_\_\_\_\_

Notations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_