



Cavy Angel's Guinea Pig Rescue

Guinea Pig Adoption Contract

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Adopter's details

Full Name _____

Full Address _____

Phone Number: (h) _____ (m) _____

E-mail Address: _____

Guinea Pig Description

1. Name of guinea pig: _____

Breed (If known): _____

Age (DOB): _____

Sex: _____

2. Name of guinea pig: _____

Breed (If known): _____

Age (DOB): _____

Sex: _____

Adoption Agreement:

Minimum care requirements for guinea pig/s adopted from Cavy Angels Guinea Pig Rescue. By signing this form you agree to the following.

1. The guinea pig/s will always have a supply of fresh clean water.
 2. The guinea pig/s will always have a constant supply of fresh hay.
 3. The guinea pig/s will have at least a cup full of fresh vegetables and fruit daily.
 4. The guinea pig/s will be providing adequate size housing for with a minimum area of 60cm x 60cm square per guinea pig.
 5. The guinea pig/s will always have a companion of their own kind.
 6. The guinea pig/s will not be housing on a wire base/bottom cage.
 7. The guinea pig/s bedding will be kept dry and clean at all times.
 8. An adult will be responsible for all aspects of the guinea pigs care. Children will not be left responsible for the care of the guinea pig/s unless under adult supervision.
 9. If the guinea pig/s is going to be housed outdoors at any time that I have a fully fenced yard and that my guinea pigs living quarters will be predator safe (e.g. cats, dogs, snakes, birds) and safe/sheltered from the harmful elements (e.g. wind, heat, cold rain) at all times.
 10. The guinea pig/s will obtain veterinary care if the guinea pig has an ailment, injury or illness that adopter is not able to care for properly.
 11. . The guinea pig/s will **not** be used for breeding or for testing or laboratory purposes, or be used for any inhumane way.
 12. I will have an adult supervise if small children wish to handle my guinea pig/s.
 13. *I will not* abandon, sell, give away, dispose of the guinea pig/s except to return them to the Cavy Angel's Guinea Pig Rescue.
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Date: ____ / ____ / ____

Name of Shelter Manager (please print): _____

Signature of Shelter Manager: _____

Signature of Adoptive Parent: _____

Signature of Adoptive Parent: _____