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## Ringworm Adoption Waiver

**Animal Name and A#:** \_\_\_\_\_

*Adopter, please initial:*

\_\_\_\_\_ I understand ringworm can be contagious to humans and other animals.

\_\_\_\_\_ I understand that APA! strongly recommends that households with children, elderly, or immune-compromised people do not adopt a pet with ringworm since it is more contagious to those people.

\_\_\_\_\_ I understand that quarantine in my home can help prevent the spread of infection but that there is no guarantee it will not be passed to members of my household.

\_\_\_\_\_ I understand that good hygiene, including hand washing and changing clothes after handling infected animals, can help minimize the potential for infection to myself and others, but not completely eliminate it.

\_\_\_\_\_ I understand that the area of my home in which the animal was kept during its treatment should be properly sanitized during and after ringworm treatment.

\_\_\_\_\_ I understand that APA! cannot guarantee the length of treatment for an animal infected with ringworm.

\_\_\_\_\_ I understand that APA! will send home medications for me to provide to my adopted pet but I will need to consult my private veterinarian for further treatment and/or confirmation of fungal infection resolution.

\_\_\_\_\_ I understand that I am encouraged to disclose and discuss this animal's condition with my veterinarian.

\_\_\_\_\_ At APA!, the resolution of ringworm is determined by visual inspection. This is confirmed by an absence of areas of hair loss and crusted lesions. I understand that I may elect for an outside veterinarian to perform a fungal culture, as this is the definitive diagnostic test to determine microscopic resolution of the fungal infection. I am responsible for all costs related to this if I elect to have the test performed.

\_\_\_\_\_  
Adopter's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature