



Ringworm Exposed/Monitoring Waiver

Animal Name and A#: _____

_____ I understand that the animal I am adopting has been exposed to or is currently being monitored for symptoms of ringworm, a zoonotic fungal skin infection.

_____ At Austin Pets Alive, the presence of ringworm is determined by visual inspection. This is confirmed by areas of hair loss, crusted lesions, and/or a positive Wood's Lamp test. I understand that I may elect for an outside veterinarian to perform a fungal culture, as this is the definitive diagnostic test to determine fungal infection. I am responsible for all costs related to this if I elect to have the test performed.

_____ I understand that I am advised by APA! to follow up with my private veterinarian on or after _____, the date when my animal's quarantine period would have ended if they had remained at APA!

_____ I understand that, should a positive diagnosis be made, I will need to consult my private veterinarian for treatment and that APA will not be liable for the costs associated with diagnosis or treatment.

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

_____ I understand that APA! strongly recommends that households with children, elderly, or immunocompromised 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 handwashing 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 Austin Pets Alive! cannot guarantee the length of treatment for an animal infected with ringworm.

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

Adopter's Signature

Date

Counselor's Signature