



# Adoption Application

Date: \_\_\_\_\_  Dog  Cat  Male  Female

Animal's Name: \_\_\_\_\_

Brief Description: \_\_\_\_\_

## Applicants: (please print; Incomplete information will delay your application.)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Where You Live: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

## Pet's Environment:

You live in:  House  Apartment  Duplex  Mobile  Other: \_\_\_\_\_

Do you:  Own  Rent Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

This pet will be primarily:  Indoors  Outside

Fence:  Yes; height: \_\_\_\_\_ type: \_\_\_\_\_  No; If no, describe how you will confine your pet to property: \_\_\_\_\_

Type of shelter outdoors: \_\_\_\_\_

Other Pets:  No  Yes. Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

Vaccinated:  No  Yes Name of Vet: \_\_\_\_\_

Allergies:  No  Yes Children:  No  Yes Ages: \_\_\_\_\_

Will someone be home during the day?  No  Yes

Do you have the means of caring for your pet when you are away for extended periods of time?  No  Yes Describe: \_\_\_\_\_

Have you previously owned pets?  No  Yes If yes, what happened to them? \_\_\_\_\_

Reason for adopting:  Companionship  Protection  Sport  Other: \_\_\_\_\_

Why did you choose the Humane society for your pet? \_\_\_\_\_

## South Pacific County Humane Society Adoption Agreement

I acknowledge receiving from the South Pacific County Humane Society, hereafter referred to as the Society, custody of the within described animal. I understand that the Society does not warrant the age, health, breed, temperament, or habits of said animal. I agree to save and hold harmless the Society from any and all claims, demands, causes of action, damages, costs, expenses, or liabilities of any kind and nature whatsoever directly or indirectly connected with the care, control, and ownership of said animal howsoever caused.



**The Society reserves the right to make in-home inspections and remove said animal if found tethered or penned for longer than ten hours a day, and/or abused, neglected in any way according to state laws and local ordinances (16.52.205 animal cruelty in the first degree, 16.52.207 animal cruelty in the second degree).**

I further agree that I will not permit said animal to be used for research, experimentation, or fighting purposes. Nor will I allow a cat adopted from the Society to be de-clawed.

### **Veterinary Exam**

The Society provides a list of licensed veterinarians that will give free exams to animals that have been newly adopted from the Society. To take advantage of this exam I must phone the vet and schedule an appointment to be performed within the first five (5) days of the adoption. The free exam does not include immunizations or treatments. No refunds or follow-up health care costs will be provided if the free exam is not performed within the first five (5) days. The Society provides the first vaccinations, however the second shots are the adopter's responsibility.

In case of illness, diagnosed by a veterinarian within the allowed period, said animal may be returned for a full refund or replacement within ten days. Return/refund only allowed proved that all items such as license, certificate, tags, etc., are also returned.

If the free exam is not performed within the allotted time period and illness is found (kennel cough, etc.), all treatment costs will be the adopter's responsibility.

### **Trial Periods, Refunds**

No refunds.

If the animal is unsuited to the home or family, return said animal immediately to the Society.

Adopter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date