**Humane Society of Young County**

**Adoption Application and Contract**

**\*Please answer completely as failure to do so can delay the approval of your application\***

Name of animal interested in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dog or Cat\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adopter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours worked per week:\_\_\_\_\_\_\_\_\_\_\_\_

If renter: Landlord name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will pet live indoor or out\_\_\_\_\_\_\_\_\_\_\_\_\_Fenced yard?\_\_\_\_\_Type/Height\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do all family members agree on bringing a new pet into the family?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| List the people living in the home: | Ages: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Current Pets living at your home:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Pets: | Species | Age | Spayed/  Neutered? | Current shots? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Current/past vet?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If current pets aren’t vaccinated or spayed/neutered, why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you adopted from us in the past?\_\_\_\_\_\_\_\_Name/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_0**

**Past pet history: (please be specific) If this is your first pet, please say so:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Pet: | Species: | Age: | Reason no longer have: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**If you move in the future, what will you do with your pet?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What activities do you want to do with your pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Please check Yes/No** | Y | N |
| Are you willing to housetrain your new pet? |  |  |
| Willing to seek help with training if needed? |  |  |
| Prepared to care for pet for the rest of its life (10-15 yrs)? |  |  |
| Understand heartworms are deadly and plan to use preventative? |  |  |
| Plan to use flea and tick preventative? |  |  |
| Agree to keep pet up to date on vaccinations as suggested by vet? |  |  |
| Agree to provide nutritious food/clean water/ needed grooming? |  |  |
| Agree to return pet if you can no longer keep for any reason? |  |  |
| Agree to return pet for spay/neuter on the day/place specified? |  |  |

**\*We place animals as companions only, no guard dogs, hog dogs, no dogs on chains and dogs aren’t placed strictly as hunting dogs.**

**\*If adopting a cat, understand that declawing isn’t considered humane and you must agree to**

**use other methods to control unwanted scratching.**

**Please list 2 references not related to you:**

|  |  |
| --- | --- |
| Name: | Phone: |
| 1 |  |
| 2 |  |

**\*\*I understand that my answers on this application are part of the contract between the HSYC and myself and agree that I have answered honestly to the best of my knowledge.**

**Humane Society of Young County Contract**

By signing I certify that I have read and agree to abide by the provisions in this application and contract. I agree that I shall be in breach of this contract if I fail to perform any of my obligations under the provisions of this contract or if any statement or representation made by me to the Humane Society of Young County (HSYC) is proven to be false when made.

In the event of breach of contract, HSYC shall be entitled to immediate possession of the pet and has the authority and my permission, without notice to me, to enter my premise or any premise where the pet may be and take possession of said animal. The animal shall not be returned to me nor shall I be entitled to any refund in the event of any breach of contract.

I understand the temperament, pedigree, and health of this animal may not be known and assume full responsibility for pet. I understand pets can be unpredictable and children should be supervised around animals.

I accept responsibility for the animal identified above and release and discharge HSYC forever from all liability for any injury or damages to any person or property caused in the future by said animal and from any cause of action, suits, or demands whatsoever that may arise as a result of such injury or damages.

I am allowed a 3 day trial period before finalizing this adoption. If I return the pet within 3 days I will be refunded my adoption fee at the discretion of the shelter director. After 3 days, no refund will be given, though the animal is still required to be returned to HSYC if I am no longer able to keep. **A $25 fee will be withheld from my adoption fee refund if I fail to return vet records with the pet.**

**Adopter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HSYC Representative(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adoption Fee\_\_\_\_\_\_\_\_\_\_\_\_\_cash check card Date to finalize:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of scheduled Spay/Neuter surgery:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*Drop off at HSYC 730-830 pick up 4-500 same day Remove food 9 the night before surgery**

**Should an animal leave HSYC without first being spayed/neutered and that animal is or becomes pregnant, any offspring of said animal immediately become the property of HSYC and the disposition of said offspring will be at the discretion of HSYC. Also, if an adopted or reclaimed animal is not presented for scheduled appointments, ownership of said animal will default to HSYC. Any city fines that were waived in agreement to readopt an animal will once again become valid.**

**By signing above, I agree to deliver said animal on the date specified above, to the appropriate place for the spay/neuter surgery and any other medical procedures deemed necessary by the HSYC.**

**HSYC Use Only:**

|  |
| --- |
| ID Check |
| Landlord Check |
| Vet Check |
| Comments: |
| Conditional approval requirements: |
| Approved Conditional Approval Denied  By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |