

COVER SHEET

Adoption Date: _____

Adopter's Name: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ Email: _____

Pet's Name: _____ M _____ F _____

Species: _____

Breed: _____ Pet Age: _____

Emergency Contact Name: _____

Phone: _____ Email: _____

How will you keep your pet safe outside? (Please circle)

completely fenced yard cable/tie out electric /underground fence leash walks

let outside off leash partially fenced yard

If your new pet is a cat will it be an indoor or outdoor cat? _____

Are you willing to put in the time necessary to train your pet? _____

Are you willing to give this pet the time it needs to adjust? _____

Do you understand that punishing an animal physically (e.g. spanking, hitting, rubbing nose in urine or feces) doesn't solve behavior problems but can only make the dog/cat fearful? _____

Have you ever surrendered an animal to a shelter or to a rescue? _____

If so, why? _____

What behavior would cause you to return this animal to the shelter? _____

What would you do with your pet if you had to move? (Please circle)

Take it with me return to the HSCC give it to a relative sell it to a stranger

Are you willing to have an HSCC representative visit your home? _____

Do you understand that the HSCC cannot guarantee the health or temperament of any animal? _____

Pets are expensive. Are you willing to financially provide for this pet to include yearly vet care, emergency vet care if needed, flea/heartworm preventive, and food? _____

Please sign below indicating all of the information that you provided in this application is true.

Signature _____ Date _____

Staff _____ Date _____

Humane Society of Clinton County
825 Izaak Walton Drive
Frankfort, IN 46041
765-654-7717

ADOPTION CONTRACT

Please initial each statement indicating that you've read and understand/agree:

I will inform the Humane Society of Clinton County (HSCC) of any transfers of ownership or will return the pet to the HSCC in the event I am unable to care for it. _____

I will not mistreat this animal in any way nor will I allow anyone else to do so. _____

I will comply with all ordinances and laws in the state / city / county. _____

I will allow the HSCC to repossess ownership of this pet if unfavorable conditions regarding the care of this pet exist as deemed by the HSCC, or if I am untruthful on this adoption application.

_____ I understand that the HSCC cannot guarantee the health or temperament of any animal. _____

I understand that any animal poses the risk of biting, scratching, or causing injury. _____

Please note, the HSCC no longer adopts unaltered animals. If the pet you are interested in owning is currently not spayed or neutered, you will be given a choice of veterinarians to pick from to do the surgery. _____

The cost of the surgery as well as heartworm test for dogs or FeLV/FIV test for cats are included in the adoption fee. _____

Until the animal is altered, the HSCC maintains ownership of the animal. _____

This is a foster to adopt. _____

The Humane Society of Clinton County is not financially responsible for any elective procedures or surgeries (examples: **dew claw removal, teeth cleaning, declawing**). You may make these arrangements on your own with the veterinarian of your choice. _____

At times, unexpected health concerns might arise; and if this occurs, you will be contacted. _____

Please sign indicating that all the information you entered is true.

Adopter _____ Date _____

Office use:

Animal ID #: _____ Color / marking _____

Age: _____ Species: _____ Sex: _____

Checked DNA list: _____ Breed: _____

Microchip: _____

Method of Payment: Cash Check Visa Mastercard

Staff Signature / Date