Adoption Application

Toccoa-Stephens County Humane Shelter, Inc.

Pet name: _____

Date: _____

A#:_____

ADOPTION FEE: _____

In order to be considered for adoption you must:

- Be 18 years of age
- Return the animal to TSCHS if for any reason you are unable to continue to care for the animal
- Understand that TSCHS has the right to approve or decline adoption applications at their discretion

PLEASE PRINT CLEARLY! **USE BLACK/BLUE INK** **EMAIL IS REQUIRED TO REGISTER MICROCHIP**

Applicant Name (s)_____ **Email:** _____

Address_____ **CITY, ST** _____ **ZIP** _____

Phones Home_____ Cell_____

Work_____

Adults in household_____ Children in Household _____ Children's Ages_____

Are all members of the household aware of your plans to adopt? YES NO

Do you currently: RENT OWN If renting does your landlord allow pets YES NO

About the Pet:

Do you want this pet for: (circle all that apply)

COMPANIONSHIP PROTECTION GIFT OTHER_____

How many hours a day will you and other family members spend with the animal? _____

Where will your pet be kept during the day? (circle all that apply)

INDOORS OUTDOORS DOG PEN CRATE GARAGE BASEMENT

What will you do with the pet if you move in the future?_____

Do you realize that a dog or cat may live 15 years or more? YES NO

It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. How do you plan to help your new pet adjust?

_____

_____ **(OVER)**

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What type(s) of pets do you own now or have owned in the past 5 years?

Name	Type/ Breed	Age	Sex	Spayed/ Neutered	Declawed	Still Own?	If no, why?
				YES NO	YES NO	YES NO	
				YES NO	YES NO	YES NO	
				YES NO	YES NO	YES NO	
				YES NO	YES NO	YES NO	
				YES NO	YES NO	YES NO	

Who was your veterinarian for the above animals?

Name: _____ Phone: _____

Are your existing pets current on Rabies Vaccinations YES NO

Would you object to our verifying the above information? YES NO

Are you prepared to care for this pet for the rest of his/her life? YES NO

Do you agree to have the pet examined by a veterinarian with 5 days? YES NO

Do you agree to provide humane care, proper food, water and shelter? YES NO

Do you agree to provide the pet immediate treatment if injured or ill? YES NO

Routine veterinary care can cost up to $300 annually and emergencies

can cost over $1,000. Are you willing to provide this level of care? YES NO

_____

By signing this contract below, I certify that:

The information I have given is accurate and true.

I authorize my veterinarian/landlord to release information requested by TSCHS.

I agree to bring the pet back to TSCHS in the event I can no longer care for the animal.

Signature:_____ Date: _____

TSCHS Representative Signature: _____

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ADOPTION CONTRACT

Please read and initial each section. This is a legally binding contract. Please read carefully.

_____ I agree to provide daily food and fresh water, shelter from extreme temperatures and weather conditions, and veterinary care to prevent and treat disease, illness, and injury. I also agree to keep the pet free of parasites such as fleas, ticks, and worms, etc. I will ensure that it is treated in a humane manner at all times.

_____ I attest that I am not obtaining this animal for use in any type of experimentation or for the sale to any agency that experiments on animals.

_____ Toccoa-Stephens County Humane Shelter does not necessarily know the nature of the animal or its characteristics, and give no warranties, expressed or implied, of temperament or fitness. I confirm that I have been provided information on the pet's current health status, noting any known pre-existing conditions. I understand that the pet is delivered "as is" and we are not responsible for any medical care after adoption. The only exception is an illness reported within 48 hours of adoption and must be reported to us immediately. I understand that the pet should be isolated for a period of time from my own pets, to the extent possible, in the event that it has been exposed to any type of illness.

_____ If I should decide, for whatever reason, that I cannot continue to care for the pet, I will return it to the Toccoa-Stephens County Humane Shelter immediately without refund of money. I WILL NOT turn it over to another animal shelter, have it destroyed, or abandon it. I understand that the Toccoa-Stephens County Humane Shelter, at its discretion, may place the animal with another caregiver as soon as possible after receiving the animal. No refunds will be granted for returned adoptions unless it takes place within the first 14 days.

_____ I understand the Toccoa-Stephens County Humane Shelter is relying on the information provided by my Adoption Application form. The pet is not to be given or sold to another individual, institution, organization without the express written permission of the Toccoa-Stephens County Humane Shelter. The pet is not to be placed in an environment functionally different than the one described in my Adoption Application.

_____ I relieve the Toccoa-Stephens County Humane Shelter of all liability and responsibility for damage or injury to persons, property or other animals caused directly or indirectly by the pet, and hold them harmless from liability. I further agree that I will not hold the Toccoa-Stephens County Humane Shelter responsible for any illness or injury of the animal after it is in my possession.

_____ I understand that it is the responsibility of the new pet owner to see that the animal complies with all health regulations and other applicable ordinances. This includes, but is not limited to, vaccinations to prevent rabies and local pet licensing laws. I agree to keep a collar and identification tag on the pet at all times.

_____ I understand that there is a monetary cost associated with pet ownership. In addition to routine vaccinations and screening tests, pets may need veterinary care for the treatment of illness or injury. Other costs may include charges for obedience training, pet deposits required by landlords, special devices or equipment, such as fences and dog houses for sheltering the animal, and damage to personal property. I attest that I am both financially able and willing to accept full responsibility for the pet.

_____ I confirm that I am making a long-term commitment to the ownership of this pet. I understand that changes in my lifestyle or family composition do not relieve me of my responsibility to the pet.

_____ I understand that the Toccoa-Stephens County Humane Shelter cannot predict the behavior of the pet in his new home. Failure of the pet to meet my expectations does not relieve me of my responsibility to the pet. I understand that consistent, humane training can help the pet adapt to his new home and alter certain behaviors.

_____ I understand that children are not fully capable of caring for a pet and that primary responsibility of the pet rests on the adopter. I will provide appropriate supervision and instruction on the proper handling of pets to children in my household.

By signing below, I confirm all the information in this Adoption Contract is correct and complete, and I authorize my veterinarian to release information confirming this Adoption Contract to the Toccoa-Stephens County Humane Shelter for verification.

Adopter Signature:_____Date:_____

TSCHS initials:_____Date:_____

Submit via Email

Please note that some email programs and PDF applications don't allow you to email by using the "Submit via Email" button. If you are unable to submit using the button, complete the application, save it to your device, compose a new email to info@tschs.org and attach the saved file.

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