HHS Adoption Application – CANINE, FELINE, OTHER ADOPTABLE

ADOPTER

Name_____ Home:(_____)_____ Cell : (_____)_____

Address_____ City _____ Zip_____

E-MAIL:_____ Your Employer:_____ Work:(___)_____

Spouse/Roommate Name _____ How did you hear about the HHS?_____

DO YOU: Rent _____; Own_____; Apt___; House___; Condo___; Mobile Home___

Landlord's Name: _____ Phone :(_____)_____ How long at present address? _____

Number of adults in household? _____ Number of children living in home?_____ Ages _____

Who will be responsible for pet?_____

Anyone in household allergic to animals? Yes / No Have you ever had a pet? Yes / No

Have you ever applied for adoption at HHS? Yes / No Have you ever surrendered an animal? Yes / No

PET INFO

What pets do you currently have, or have you had in your household?

	Type	Kept Where	Time Owned	Pet's Name	Breed	Pet's Age	Still Own?	Living?
Pet#1	Cat / Dog	In / Out	_____	_____	_____	_____	Y / N	Y / N
Pet#2	Cat / Dog	In / Out	_____	_____	_____	_____	Y / N	Y / N
Pet#3	Cat / Dog	In / Out	_____	_____	_____	_____	Y / N	Y / N

Current VET CLINIC for these animals?_____ Phone: (_____)_____

Client name listed with above Vet clinic: _____ Date of last visit: _____

Why do you want a pet (*CIRCLE ALL THAT APPLY*)? ♦House pet ♦Companion ♦Company for other pet ♦Hunter ♦Guard Dog ♦Fighting Dog ♦Gift for someone ♦Mouser

How will the pet be confined on your property (*CIRCLE ALL THAT APPLY*)? ♦ Fenced yard ♦On leash ♦Garage ♦In house ♦Patio ♦Other _____

What will you do with the animal when/if you move? _____

Where will the pet be kept, at its current age, during the day? House Yard Garage Work Other _____

Where will the pet be kept, at its current age, during the night? House Yard Garage Work Other_____

If you must give this pet up for ANY reason, do you agree to return pet to the HHS? Yes / No

Number of hours pet will spend alone?_____ What will you do if your pet is destructive? _____

If this pet is sick or heartworm positive, do you want to: Treat at your expense?____ or Pick another pet? _____

I/WE CERTIFY THAT THE ABOVE IS TRUE AND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION. I/we understand the HHS reserves the right to verify any and all information given and that the HHS reserves the right to refuse adoption to anyone. I/we have given the responsibility of pet ownership serious consideration and seriously want to adopt. I/we understand there will be no refund of my/our adoption donation unless I/we provide HHS with a letter of rejection for health reasons signed by a Veterinarian within 72 hours of the adoption date, and return the adopted animal.

Signed_____ Date_____

**********HHS OFFICE USE ONLY**********

ID: _____ **Land lord contacted:** ___/___/___ **by** ____; **Restrictions;** _____

Animal Up To Date; Yes or No What Vaccinations needed?: _____ **AVI#**_____ _____

Call for pick up:

Date: ____/____/____ by _____ results: _____

Date: ____/____/____ by _____ results: _____

Date: _____/_____/____by _____ results: _____

Meet and Greet; Date: ____/____/___ With Whom: _____ Completed M.G. Yes___ No___

Notes:

_____

_____

Animal Name(s)_____ ID(s)_____

New Owner Animal Adoption Info: (For discussion by HHS Adoption Counselor with new owner)

- Adopter is responsible for:

- 3-day vet check for possible exposure to URI, distemper and parvo
- HHS Return Policy
- Expenses for the full life of pet, including all yearly vaccinations & Heartworm Prevention
- Their new pet getting used to new home, people, other animals
- House/Crate training
- Obedience Training
- Importance of ID tag, collar, leash
- Keep your new puppy inside until at least 6 months old
- What to do with pet if you move

Houston Humane Society (HHS) Adoption Contract

_____ I acknowledge that I will humanely care for the animal that I am adopting. I acknowledge that I have been counseled about proper pet care. I will not mistreat or abuse this animal or allow others to do so. I certify that I am financially able and will provide companion-ship, a good home with dry, clean sleeping quarters, wholesome food, fresh water, and proper medical care. I agree that said animal shall never be used for medical or any experimental purpose.

_____ I understand that the medical history for this animal prior to arriving at Houston Humane Society (HHS) is unavailable, and this animal has been exposed to other animals with possible upper respiratory infections and/or other viruses or diseases. I understand that even though HHS checked and vaccinated this animal, there is still a risk of virus/disease and I will take this animal to a veterinarian for a checkup **WITHIN 3 BUSINESS DAYS AFTER LEAVING THE SHELTER.** If a veterinarian diagnoses this animal as sick within 3 business days of adoption, I have the option of: **(1)** bringing the animal and a written diagnosis to the HHS Clinic for treatment; or **(2)** having it treated at a non-HHS vet clinic at my own expense.

_____ I UNDERSTAND THAT THERE WILL BE NO REFUND OF MY ADOPTION FEE OR EXCHANGE OF THE ADOPTED ANIMAL UNLESS HHS IS PROVIDED WITH A LETTER OF REJECTION, FOR HEALTH REASONS, SIGNED BY A VETERINARIAN WITHIN 3 BUSINESS DAYS OF THE DATE I SIGN THIS CONTRACT, ALONG WITH RETURN OF THE ADOPTED ANIMAL.

_____ I have read and understand the current medical history of this animal and understand that all known health conditions were included. I understand and agree to treat, at my expense, any and all illnesses/conditions of this animal that may occur in the future, subject to the exceptions stated above, and agree that all other costs incurred related to this pet are my responsibility.

_____ **I agree to maintain the health and care of my adopted Animal throughout its life** (i.e. Heartworm Prevention, vaccinations and any medical attention needed**).**

_____ I will comply with the animal laws and ordinances in force for the municipality in which I reside**. I will not sell, trade, or give away the animal I am adopting**, but **will return it to the HHS any time I choose to relinquish custody.**

_____ I agree that the HHS may examine and make inquiries about said animal at any time and if not satisfied with the animal's living conditions, the HHS will reclaim said animal. If HHS must institute court action to enforce the terms of this contract, I will be responsible for all attorney fees and court costs.

_____ I acknowledge that HHS has counseled me about the known behavior of this animal and that no representations or guarantees have been made. I am and agree to be, the person responsible for this animal, including its behavior, and agree to hold the HHS harmless for any injury or accident that may occur as a result of my adopting and owning this animal.

ADOPTER SIGNATURE_____ **Date** ____**/**_____**/**_____