

FOR STAFF USE ONLY

Date Application Received: _____
Animal Name: _____ Cat Dog
Adoption Special: _____
Adoption Fee Paid: Yes No Amount: _____
Date Adoption Finalized: _____



Pre-Adoption Contract

7649 Industrial Park Road
Hornell, NY 14843
Phone: 607-324-1270
Fax: 607-324-5584
hahs1@yahoo.com

Thank you for looking to adopt a pet! We will do our best to find the right animal for your family, but we need your help. Please take a few moments to carefully read through the following and complete the pre-adoption contract and adoption application. **Please read through the below content carefully and initial each line after reading. By initialing and signing below you are acknowledging that you have read through each carefully; and fully understand the content.**

_____ If you have been charged/convicted of animal abuse or neglect, you may not be considered for adoption.

_____ You must provide one form of photo identification.

_____ You must be prepared to pay an adoption fee plus the spay/neuter deposit (if applicable). **Adoption fees are non-refundable.**

_____ If you rent, please provide a written statement from your landlord or a signed copy of your rent agreement stating that animals are allowed. We also require landlord contact information to obtain verbal consent. **Please note: Landlords have 3 business days to return our call from the day we reach out to them. If we do not hear from your landlord within the allotted time your application will automatically be placed on hold and filed away. We will not be able to move forward with your application until we hear from them.**

_____ You must provide the name and telephone number of 3 personal references (no more than 1 relative) that you have known for at least 6 months or longer. In addition, we will need to speak to anyone over the age of 18 currently residing in your household. **Please note: References have 3 business days to return our call from the day we reach out to them. If we do not hear from your references within the allotted time your application will automatically be placed on hold and filed away. We will not be able to move forward with your application until we hear from them.**

_____ Cats and dogs that live in your house are required to be spayed/neutered and up to date with rabies and distemper vaccines prior to adoption unless a medical reason ordered by a veterinarian prevents it.

_____ We receive several applications daily, sometimes multiple applications on any one animal. We try our best to process applications as quickly and efficiently as possible. Please be patient while we process your application as it may take anywhere between 1-7 business days or more depending on the number of applications we receive, and how quickly your personal references, veterinarian, landlord, etc. are able to be reached.

_____ Submitting an application does not guarantee that you will be approved for adoption, nor does it guarantee that the animal you are interested in adopting will be placed with your family. We do not honor a first-come, first-serve system, however while all applicants will be considered, those applicants who have met the animal will be given priority. **We place our animals in the home we feel is the best fit for both the animal, and the family.**

_____ If you are looking to adopt a canine you must complete The Pup Partners questionnaire before you will be able to meet any of our adoptable dogs. You are only permitted to adopt a canine whose color you match.

_____ Approval for adoption is at the sole discretion of *The Hornell Area Humane Society*. *The HAHS* reserves the right to deny any applicant for adoption for any reason seen fit by *HAHS* representatives.

_____ Please understand that *The HAHS* has made every effort to provide an accurate history and assessment of the pet being adopted to the best of our knowledge. *The HAHS* is not able to guarantee the pet's age, breed, medical status, behavior or disposition. Once a shelter animal has been adopted, New York State regulations state that the shelter cannot treat the animal medically. No medications can be dispensed to a new owner for the adopted pet. You must contact your own veterinarian and have your new pet treated at their office.

Signature of Applicant

Date

Adoption Contract

PLEASE LEAVE THIS PAGE BLANK. IT IS NOT TO BE COMPLETED UNTIL YOU HAVE BEEN APPROVED FOR ADOPTION.

This contract is made on (date) _____ between *The HAHS* and the adopter (full name) _____.
I, the adopter, understand and agree to the following terms of this contract in order to adopt the pet, further described within this document. I understand that non-compliance with the terms of this agreement gives *The HAHS* the right to reclaim the pet without refund of the adoption fee or other compensation. The contract shall remain in effect for the life of the pet described below.

Animal Name: _____ Male Female Spayed Neutered
Breed: _____ Color: _____ Approx. Age: _____
Microchip #: _____

In accepting this pet I also agree to be bound by the rules and regulations printed below:

1. The right of possession and ownership of the described herein is not absolute, but conditional only, and is subject to termination upon demand if at any time *The HAHS* determines, in its sole discretion that the conditions specified in this agreement have not been fully complied with, the adopter shall return the pet to *The HAHS* upon its demand.
2. The adopter agrees that the pet described above will be kept and cared for in a safe and humane manner, as a family pet and companion. The pet shall be provided with the appropriate food, water, and shelter for the duration of its life.
3. The adopter will take the pet to a licensed veterinarian for regular preventative care at least once per year. The adopter will provide all required and/or needed veterinary care as recommended by the attending veterinarian, including but not limited to: rabies vaccines, distemper vaccines, fecal checks for internal parasites (worms), consistent heartworm preventative and prompt treatment by a licensed veterinarian for any illness or injury for the duration of its life.
4. The adopter will ensure proper licensing of the pet and the adopter will ensure compliance with all applicable local and state requirements. I understand that:
 - A) **By law, all dogs must be licensed within 30 days from the adoption date at your local city, town or village clerk's office. Cats must be licensed in certain municipalities as well. Please check with your municipality for cat licensing laws.**
5. The adopter shall not sell, give, or otherwise transfer the animal described herein to any person without notifying *The HAHS*.
6. *The HAHS* cannot guarantee the pet's age, breed, medical status, behavior or disposition. *The HAHS* its past, present and future officer, directors, agents and employees shall not be held responsible for any defects and/or illness which the animal may have or may develop and for any damage or injury to any person or property which may be caused by the pet. The adopter agrees to release and indemnify and hold harmless *The HAHS*, its past, present and future officers, directors, agents, and employees, including reasonable attorney fees and damages for any damage or injury to any person or property which may be caused by the animal and/or arising out of, and/or in connection with this animal.
7. *The HAHS* will replace an animal adopted **ONLY** under the following circumstances:
 - A) If the animal is returned to *The HAHS* within **five days** from the adoption date **AND** if the cause for such return is an illness that is deemed terminal or chronic.
 - B) The illness must be verified in writing by a licensed veterinarian of the adopter's choice or attested to by the veterinarian of *The HAHS*.
 - C) If the animal dies due to illness within five days from the adoption date, proof of death must be verified in writing by a licensed veterinarian of the adopter's choice or attested to by a veterinarian chosen by *The HAHS*

** If the loss of the animal is due to the adopter's negligence or accidental death of the animal, the animal will not be replaced.
8. _____ **Spay/Neuter:** If approved by an *HAHS* representative, the adopter agrees to pay a \$50 deposit and to have the pet spayed/neutered once they reach 6 months of age by their personal veterinarian, and will forward proof of such to *The HAHS* within 14 days of completion. I understand that:
 - A) **Failure to comply with the above time frame requirements will result in the immediate reclaim of the pet by The HAHS, and forfeiture of your deposit.**
9. The adopter will allow *The HAHS* to make inquiry about and enforce any of the above conditions and requirements at any time after adoption as *The HAHS* sees necessary. This includes, but is not limited to visits to the adopter's home, contact with the adopter's veterinarian, etc.
10. Liquidated Damages: Adopter agrees to pay *The HAHS* liquidated damages in the event the terms of this contract are breached. This liquidated damage value is agreed to for the purpose of establishing the value of the animal by a judicial process or other legal means. **Attorney's Fee and Court Costs:** Adopter agrees to pay reasonable attorney fees and court costs in the event this matter is forwarded to an attorney for enforcement.

By signing below, I acknowledge that you have read, understand, and agree to the above adoption contract.

Signature of Adopter

Date

Adoption Application



7649 Industrial Park Road
Hornell, NY 14843
Phone: 607-324-1270
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Are you planning to adopt soon, or just looking at this time? Soon Just looking
 Are you looking to adopt a cat/ kitten, or a dog/ puppy? Cat/ Kitten Dog/ Puppy
 Is there is a specific animal you are looking to adopt? If so, who? _____
 Have you met this animal? Yes No If so, when? _____
 If you are just looking at this time, please let us know the type of animal you wish to adopt in the future.
 Species: Cat Gender: Male Female Breed: _____
 Dog Gender: Male Female Breed: _____ Weight Limit: _____
 Age: 8 weeks – 1 year 1 – 3 years 3 – 7 years +7 years

Applicant Information

Name: _____ Home Phone: (____) _____ Cell Phone: (____) _____
 (Please provide your home address below. If attending college and living elsewhere, that address will be asked for later.)
 Address: _____
 Apt. / Lot # _____ City: _____ State: _____ Zip: _____
 Email Address: _____

Your Household Information

How long have you lived at the above address? _____
 Do you plan to move in the near future? Yes No If so, when? _____
 What type of home do you live in? House Apartment Farm Mobile Home
 Do you? (Check all that apply): Rent your home Own your home Rent your land/lot Own your land/lot
 If renting provide your landlord's information. Name: _____ Phone: (____) _____
 Do you live with parents, roommates, spouse, etc.? Yes No
 If you answered yes to the above question, do you have permission from them to have a pet in the home? Yes No

Please list ALL members of your household (please use a separate sheet if necessary)

| Name | Age | Relationship | Phone number | Have they met the animal you're interested in adopting? |
|------|-----|--------------|--------------|---|
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |

If not, can they come in at a later time to meet the animal you are interested in adopting? Yes No
 Do you have children (under 18) who visit regularly? Yes No If so, how old? _____
 Is anyone in your household allergic to animals? Yes No Unsure
 Using the scale below, please rate your household's activity level. (1 being the equivalent of a library and 5 being the equivalent of an amusement park.)
 1 2 3 4 5

Employment Information

Are you currently? (Check all that apply): Employed full time Employed part time
 Unemployed Retired Student Other, please explain: _____
 If employed, where? Employer: _____ Phone: (____) _____
 How many hours do you work per week? _____
 Who else in your household is employed? _____
 Employer: _____ Phone: (____) _____
 How many hours do they work per week? _____
 How many hours will this pet be left alone? _____
 If you do not have a form of income, how will you provide for this animal? _____

Schooling Information

If you are currently a student in college, which school do you attend? _____
 Are you currently living in school housing? Yes No Address: _____
 If yes, have you started the approval process with the school to have a pet on campus? Yes No
 When will you graduate? _____ Where will you be living after you graduate? _____
 If moving back home after graduation, do you have permission from your parents, relatives, etc. to bring the pet with you?
 Yes No

References

Please list three personal references that you have known for at least six months or longer. You may only use ONE family member and TWO Non family members. You may **NOT** use your significant other, roommate, or any one living in your home, landlord, or veterinarian for your other two references.

Name: _____ Phone: (_____) _____ Relationship: _____
 Name: _____ Phone: (_____) _____ Relationship: _____
 Name: _____ Phone: (_____) _____ Relationship: _____

Pet Information

Have you owned a pet before? (Check all that apply): I currently have a pet(s) I have had a pet within the last 5 years
 I had a pet more than 5 years ago I had family pets growing up Never - this will be my first pet
 There are currently pets in my home, but they do not belong to me (belong to parents, roommates, friends, etc.)
 Have you ever rehomed, sold a pet to another person, or surrendered a pet to a shelter? Yes No
 If you have rehomed, sold, or surrendered a pet for any reason please explain why? _____

Please list ALL cats living in the household within the last 5 years (past and present)

| Name | Age | Spayed/Neutered (Yes or No)? | Indoor, Outdoor or Both | Vaccines Up To Date? (Rabies and Distemper) | Time Owned? | Still Own? (Yes, No, Deceased) |
|------|-----|---|-------------------------|---|-------------|--|
| | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> D |
| | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> D |
| | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> D |
| | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> D |
| | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> D |

Please list ALL dogs living in the household within the last 5 years (past and present)

| Breed (Lab, Boxer, Pug, etc.) | Name | Age | Spayed/Neutered (Yes or No)? | Indoor, Outdoor or Both | Vaccines Up To Date? (Rabies and Distemper) | Time Owned? | Still Own? (Yes, No, Deceased) |
|-------------------------------|------|-----|---|-------------------------|---|-------------|--|
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> D |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> D |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> D |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> D |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> D |

If any of your pets are not yet fixed, please explain why. _____

Do you have plans to spay/ neuter your pets who are not yet done? Yes No
 If yes, do you have an appointment scheduled? Yes No If yes, when and where? _____

Your Veterinary Information

Please list the name(s) of the veterinarian you use for your current pets and past pets within the last 5 years.
 Veterinary Clinic Name(s): _____ Phone: (_____) _____
 _____ Phone: (_____) _____
 If this is your first time owning a pet, please list the vet which you plan to use for your new pet.
 Veterinary Clinic Name: _____ Phone: (_____) _____



Hornell Area Humane Society
7649 Industrial Park Road
Hornell, NY 14843
Phone: 607-324-1270
E-mail: hahs1@yahoo.com
Website: www.hornellanimalshelter.org

CONSENT FOR RELEASE OF MEDICAL INFORMATION

I, _____, Authorize _____
(Applicant's Name) (Your Veterinary Clinic Name)
To release copies or summaries of medical records, written or verbally, pertaining to my
animals

(Name(s) of your Current and Past Pet(s) within the last 5 years)

to The Hornell Area Humane Society. The information will be used solely for the purpose of this adoption application. This consent will expire 30 days after the date it is signed.

I understand that by signing this consent. I authorize The Hornell Area Humane Society to contact my veterinarian and obtain information related to the care and treatment of my animals listed above.

Signature of Applicant/Owner

Date

* Please note most vets are now requiring verbal consent to release records.*

Have you called your vet and given them permission to release records to the Hornell Area Humane Society?

Yes

No

1. Why do you want a new pet at this time? (Check all that apply):

| | |
|---|---|
| <input type="checkbox"/> Looking for rodent control | <input type="checkbox"/> Companion for myself |
| <input type="checkbox"/> Looking for guard dog | <input type="checkbox"/> Companion for another pet |
| <input type="checkbox"/> Want to breed | <input type="checkbox"/> My children will learn to be responsible/care for another creature |
| <input type="checkbox"/> Companion/gift for someone else. If so, whom? _____ Are they aware of this? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

 If not, please provide their phone number. _____

2. Who will be primarily responsible for the new pets care? _____

3. Would you adopt an animal that has a treatable medical condition or is considered special needs? Yes No

4. Are you committed to providing a permanent home for the lifetime of this new pet, which could be up to 15 years or more? Yes No

5. Some pets take longer than others to adjust to their new home. Some may adjust right away. Others may take up to two weeks, or longer to adjust. This may especially be true if other pets are involved. Are you willing to give your new pet the appropriate amount of time to adjust to his/her new home? Yes No

6. Where will this pet be primarily living? (Check all that apply):

| | |
|--|---|
| <input type="checkbox"/> Indoors only | <input type="checkbox"/> Outdoors only |
| <input type="checkbox"/> Both indoors/outdoors | <input type="checkbox"/> Inside with supervised time outside |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Basement <input type="checkbox"/> Garage |

7. If you are looking to adopt a cat, what will you plan to do for your new cat's scratching needs?

| | | | | |
|---|--|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Declaw surgery | <input type="checkbox"/> Nail clipping | <input type="checkbox"/> Scratching posts | <input type="checkbox"/> Not sure yet | <input type="checkbox"/> Other: _____ |
|---|--|---|---------------------------------------|---------------------------------------|

8. If you are looking to adopt a dog, how do you plan to exercise them? (Check all that apply):

| | | | | | |
|--|--------------------------------------|-------------------------------------|--|---------------------------------|---|
| <input type="checkbox"/> Daily walks | <input type="checkbox"/> Short walks | <input type="checkbox"/> Long walks | <input type="checkbox"/> Yard exercise | <input type="checkbox"/> Hiking | <input type="checkbox"/> Play dates with other dogs |
| <input type="checkbox"/> Fully fenced in yard <input type="checkbox"/> Other _____ | | | | | |

9. Are you prepared to pay for vet bills when your new pet requires medical attention/routine care (vaccines, surgeries, heartworm preventative, deworming medication, flea/tick medication, etc.)? (***It is a veterinary recommendation to have your pet examined once a year by a veterinarian, even if they aren't due for vaccines***) Yes No

10. What is your budget for your new pet's supplies and medical care (food, toys, training, grooming, shots, etc.)?

| | |
|--------------------|-------------------------------|
| \$ _____ per month | \$ _____ in case of emergency |
|--------------------|-------------------------------|

11. Behavior problems can arise for many reasons; most can be solved. Do you agree to seek professional help and assistance to resolve these issues rather than give up your pet should problems occur? Yes No

12. What changes in your life/ behaviors from the new pet would cause you to rehome your pet, or return your pet to us or another shelter? (Check all that apply):

| | | |
|--|--|---|
| <input type="checkbox"/> Pet is not housebroken | <input type="checkbox"/> New baby | <input type="checkbox"/> New job |
| <input type="checkbox"/> Pet becomes aggressive/bites someone | <input type="checkbox"/> Clawing/chewing furniture | <input type="checkbox"/> Pet gets too old |
| <input type="checkbox"/> I become allergic, or ill | <input type="checkbox"/> Too much responsibility | <input type="checkbox"/> Lack of time |
| <input type="checkbox"/> Conflict between other household pets | <input type="checkbox"/> Too much energy | <input type="checkbox"/> Financial issues |
| <input type="checkbox"/> Other _____ | | |

13. If you become incapacitated, move, or cannot take care of your new pet, what will you do with them? (**Please use the numbers 1 – 6 to indicate the order in which you would do so.**)

| | |
|-----------------------------------|--|
| ___ Make it work | ___ Contact HAHS to see about surrendering it back |
| ___ Rehome with friends/ family | ___ Surrender to another shelter if HAHS is unable to take it in |
| ___ Find it a new and loving home | |
| ___ Other _____ | |

I hereby certify that the information I provided is true to the best of my knowledge. I give my permission for any of this information to be verified. I understand that filling out this form does not automatically entitle me to adopt an animal, and that I must be approved to adopt by an HAHS representative. I understand that adoptions are based on the best match, thus this application may not necessarily result in the adoption of the animal I am interested in.

Signature of applicant: _____ **Date:** _____

FOR OFFICE USE ONLY

Landlord's name _____ Date landlord was called _____

Did the landlord give approval? Yes No If not, why? _____

Are all members of the household (over 18) in agreeance of adopting a new pet? Yes No

Dog to children Meet & Greet? Excellent Good Fair Poor

Comments on Dog to children meet and greet? _____

Dog to dog Meet & Greet? Excellent Good Fair Poor

Comments on Dog to dog meet and greet? _____

Vet Check: Please list all pets (past and present), the date their vaccinations expire, and if they have been spayed/ neutered or not.

| Name | Distemper vaccine | Rabies vaccine | Spayed/neutered? | Additional comments/treatments |
|------|-------------------|----------------|------------------|--------------------------------|
| | Exp: | Exp: | | |
| | Exp: | Exp: | | |
| | Exp: | Exp: | | |
| | Exp: | Exp: | | |
| | Exp: | Exp: | | |
| | Exp: | Exp: | | |
| | Exp: | Exp: | | |
| | Exp: | Exp: | | |
| | Exp: | Exp: | | |

If applicant is first time pet owner which vet do they plan on using?

Veterinary clinic name? _____ Vet accepting new clients? Yes No

Reference Talked to? _____ Do they recommend applicant? Yes No

Reference Talked to? _____ Do they recommend applicant? Yes No

Reference Talked to? _____ Do they recommend applicant? Yes No

Is the adoption approved? Yes No If no, why not? _____

Adoption approved by? _____ Date: _____

Additional comments: _____

