

Adoption Contract



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

Thank you for coming to adopt a pet! We will do our best to find the right animal for you but we need your help. Please take a few moments to carefully read and complete this application. If you don't find an animal you like, we will keep your application on file for 6 months and you will be welcome to return as often as you wish.

The decision to adopt a pet is an important one. In order to insure that you and your pet will be happy for years to come, we need to take time to discuss yours and the animal's individual needs.

Before you submit your application for adoption please note that:

- You must be prepared to pay a fee for the adoption plus the spay/neuter deposit if applicable.
- You must have two forms of identification.
- You must provide the name and telephone number of two personal references we can reach on the phone during the interview process. These references may not be your landlord or relatives.
(In addition we will need to speak to all adults currently residing in your household)
- While all adoption application will be considered, those applicants who wish to adopt and meet the animal in the shelter will be given priority.
- If you rent, you will have to provide a written statement from your landlord or a copy of your rent agreement stating that animals are allowed. We reserve the right to contact your landlord
- If you have been charged/convicted of animal abuse or neglect, you may not be considered for adoption.
- Cats and dogs that live in your house are required to be spayed or neutered prior to adoption unless medical or age related reasons preclude surgery.
- Adoption fees are non-refundable

Please understand that we cannot guarantee the health of our animals. We cannot guarantee that an animal has had training or is housebroken. 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 animal treated at their office.

The HAHS reserves the right to deny any application.

Thank you for your patience and cooperation.

By signing below, I acknowledge that I have read and understand the above adoption application.

Signature of Applicant

Date

Adoption Contract

This contract is made on (date) _____ between the Hornell Area Humane Society and the adopter (Adopter's full name) _____. By signing below you acknowledge receipt from the HAHS a (breed) _____ Named _____ whose approximate age is _____, for adoption. And in accepting this animal I agree to be bound by the rules and regulations printed below:

1. The animal described herein is to be provided with a good home and receive kind treatment and proper care including necessary shelter, food, water and medical attention.
2. 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 *Hornell Area Humane Society* determines, in its sole discretion that the conditions specified in this agreement have not been fully complied with, the adopter shall return the animal to *The Hornell Area Humane Society* upon its demand.
3. The adopter shall not sell, give, or otherwise transfer the animal described herein to any person without the prior written permission of *The Hornell Area Humane Society*.
4. *The Hornell Area Humane Society* cannot guarantee the health or temperament of the animals adopted from it. *The Hornell Area Humane Society* 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 animal. The adopter agrees to release and indemnify and hold harmless *The Hornell Area Humane Society*, 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.
5. *The Hornell Area Humane Society* will replace an animal adopted ONLY under the following circumstances.
 - A) If the animal is returned to *The Hornell Humane Society* 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 Hornell Area Humane Society*.
 - 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 Hornell Area Humane Society*.

** 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.
6. I understand that:
 - a) The adopter is required to spay or neuter the adopted animal within 30 days or six months of age. **Failure to do so within the above time frame will result in forfeiture of deposit.**
 - b) The adopter has 30 days from when the animal has been spayed or neutered to provide *The Hornell Area Humane Society* with proof of spay or neuter. **Failure to do so within the above time frame will result in forfeiture of deposit.**
 - c) By law, all dogs must have a license within 30 days from adoption date at your local city, town or village clerk's office.
7. Liquidated Damages: Adopter agrees to pay *The Hornell Humane Society* 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.

ADOPTION FEES ARE NON-REFUNDABLE

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

Signature of Adopter

Adoption Fee/Deposit

Adoption Application



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hahs1@yahoo.com

Date : _____

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? _____

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 Dog Gender: Male Female

Breed: _____

Age: 8 weeks – 1 year 1 year – 3 years 3 years – 7 years 7 years and up

Applicant Information

First Name: _____ Last Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Your Home Information

How long have you lived at this address? _____

Where do you live? House* Apartment Farm Dorm Mobile Home*

Do you? Own Rent

Do you? Live by myself Live with parents Live with a roommate Live with relatives

*Do you own or rent the land or lot? Own Rent

If renting your home or land please provide your landlord's name and number.

Landlord name: _____ Phone: _____

Do you live with relatives? Yes No

Do you have permission from those relatives to have a pet? _____

Do you plan to move in the near future? Yes No

If yes, when? _____

If living with parents, roommates, relatives, or anyone over the age of 18 please provide their name(s) and phone number(s).

Name: _____ Number: _____

Name: _____ Number: _____

Your Household Information

Are there children in the household? Yes No

If yes, what are their ages? _____

Do you have children who visit regularly (grandchildren, family friends)? Yes No

If yes, what are their ages? _____

Are all members of your household present? Yes No

If not, can they come in later? Yes No

Does anyone in your present household have any pet related allergies? Yes No

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: _____

Hours you work: _____ How many Hours will this pet be left alone? _____

Who else in your household is employed? _____

Employer: _____ Phone: _____

Hours they work: _____

References:

(Please list two personal references who are not related to you.)

Personal Reference Name: _____ Phone: _____

Personal Reference Name: _____ Phone: _____

Cats currently residing in your home (list all cats)

Name	Age	Spayed/Neutered	Indoor/Outdoor or Both	Vaccines Up To Date? (Rabies and Distemper)	Time Owned	Still Have

Dogs currently residing in your home (list all dogs)

Name	Age	Spayed/Neutered	Indoor/Outdoor or Both	Vaccines Up To Date? (Rabies and Distemper)	Time Owned	Still Have

Have you ever given up a pet? Yes No If so, why? _____

Your Veterinary Information:

(Please list the name of the practice you use for your current pets and pets that have passed within the last 2 years. If you do not have any pets at this time, 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
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Phone: 607-324-1270
E-mail: hahs1@yahoo.com
Website: www.hornellanimalshelter.org

**CONSENT FOR RELEASE OF MEDICAL INFORMATION ON PAST AND PRESENT
PETS**

I, _____, Authorize _____
(Applicant Name) (Veterinarian/ Clinic Name)

to release copies or summaries of medical records, written or verbally, pertaining to my animals

(Name(s) of Current and Past Pet(s))

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

If you are looking to adopt a kitten/ cat, please answer questions in Section A

If you are looking to adopt a puppy/ dog, please answer questions in Section B

SECTION A

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

- Looking for rodent control
- Companion for another pet
- Companion for myself
- My children will learn to be responsible/care for another creature
- Companion/gift for someone else. If so, whom? _____ Are they aware of this? Yes No
If no, please provide their phone number. _____

2. Who will be primarily responsible for cat's care? _____

3. Are you committed to providing a permanent home for the lifetime of this cat, which could be up to 15 years or more?

- Yes No

4. Where will this cat be kept? Indoor only Outdoor only Both indoor/outdoor Other _____

5. How do you feel about declawing your cat? Definitely yes Definitely not Maybe Need advice

6. Are you prepared to pay for vet bills when your cat requires medical attention/routine care (vaccines, surgeries, ect)?

- Yes No

7. If you become incapacitated, move, or cannot take care of this cat, what will you do with this cat?

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

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

- New job
- New baby
- Problem with cat's health
- Illness or allergies
- Moving
- Can't afford vet care
- Financial issues
- Cat's behavior
- Age of cat
- Lack of time
- Clawing furniture
- Not using litter box
- Conflict between other household pets and the cat
- Cat bites someone
- Other or none of the reasons listed above _____

9. 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

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

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

I certify the information provided is complete and correct to the best of my knowledge. I give my permission for any of this information to be verified. I understand that The Hornell Area Humane Society has the right to deny any adoption for any reason. I understand that filling out this form does not automatically entitle me to adopt an animal from The Hornell Area Humane Society, that I must be approved to adopt by an HAHS representative.

Signature of applicant: _____ Date: _____

SECTION B

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

- Looking for guard dog for home Companion for another pet
 Companion for myself My children will learn to be responsible/care for another creature
 Want to breed
 Companion/gift for someone else. If so, whom? _____ Are they aware of this? Yes No
If no, please provide their phone number. _____

2. Who will be primarily responsible for dog's care? _____

3. Are you committed to providing a permanent home for the lifetime of this dog, which could be up to 15 years or more?

- Yes No

4. Where will this dog be kept? Indoor only Outdoor only Both indoor/outdoor

Other _____

5. How will you exercise your new dog? (Check all that apply): Daily walks Short walks Long walks

Yard exercise Hiking Play dates with other dogs

6. Are you prepared to pay for vet bills when your dog requires medical attention/routine care (vaccines, surgeries, ect)?

- Yes No

7. If you become incapacitated, move, or cannot take care of this dog, what will you do with this dog?

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

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

- New job New baby Problem with dog's health
 Illness or allergies Moving Can't afford vet care
 Financial issues Dog's behavior Age of dog
 Lack of time Chewing furniture Can't housebreak the dog
 Conflict between other household pets and the dog Dog bites someone
 Other or none of the reasons listed above _____

9. 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

10. Would you adopt an animal that has a treatable medical condition or is considered special needs?

- Yes No

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

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

If you would like to share any other information with us please use this page to do so.

FOR OFFICE USE ONLY

Landlord's name _____ Landlord's number? _____
Date landlord was called? _____ Message on machine to call back? Yes No
Did the landlord give approval? Yes No If not, why? _____

Dog to dog Meet & Greet? Excellent Good Fair Poor
Comments on Dog to dog meet and greet? _____

Vet Check:
Are current pets listed up to date on rabies & distemper vaccines, & spayed/neutered? Yes No
If not, who is not UTD on vaccines or fixed and what do they need for the adoption to be approved?
(which vaccines are needed, which animal needs to be fixed)

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? _____

Additional comments: _____

