

Owen County Humane Society, Inc

Dog Adoption Application

Date of Adoption: _____
Animal Number: _____
Adoption Price: \$ _____
Petsmart - Shelter - _____
Follow-Up Completed: _____

All questions must be answered completely before it will be accepted.
OCHS reserves the right to refuse adoption to any applicant without explanation.

Name of Animal you wish to adopt:

Adult Dog Puppy under 1 Male Female

Will this pet be a gift for another person? Yes No

Applicant Full Name:

Applicant's Age:

Driver's License Number & State:
Driver's License Expiration Date:

Address

City

State

Zip Code

Primary Phone Number:

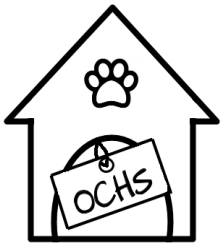
Secondary Phone Number:

Email Address:

Applicant's Place of Employment Name & Phone Number:

Please answer the following questions regarding the animals you've owned in the past *three* years:

Name of Animal?	Species?	Breed?	Age?	Male or Female?	Spayed or Neutered?	Current on Vaccines?	Still own? If not, why?



Owen County Humane Society, Inc Adoption Contract

2014 Romona Rd
Spencer, Indiana 47460
Phone: (812) 829-6247
owendogscats@gmail.com
Website: www.ochumane.org

By signing this Contract, I agree to abide by all of its provisions and to permit Owen County Humane Society, Inc, furthermore referred to as OCHS, upon request, to make inquiry and to investigate the premises where this animal is kept. If I am found in violation of the terms of this Contract, I agree to return the custody of this animal to OCHS and pay any costs of damages associated with the breach of Contract.

OCHS has discussed with me the animal's known behaviors and habits. OCHS makes no representation or warranties whatsoever regarding this animal's condition or behavior. I hereby release and hold harmless OCHS from any and all loss, damage, expense, claim or cause of action in any way arising out of or relating to this animal or to any of OCHS's efforts to facilitate the rescue and adoption of this animal, including but not limited to damage or injury suffered by any third party.

OCHS has given me a record of this animal's medical history as known. I understand that this animal has received veterinary care through OCHS's adoption program but undiagnosed conditions sometimes exist. I understand if within seven (7) days from the date of the adoption this animal is diagnosed with a previously undiagnosed condition that existed at the time of adoption as determined by a veterinarian, I may return this animal to OCHS for a full refund of the adoption fee or keep this animal and assume full physical and financial responsibility for the treatment of the condition.

I agree to provide the care and attention necessary to ensure this animal's health and well-being including: adequate food and water, primarily indoor living environment and all routine and emergency medical care.

I represent that I am adopting this animal as a companion and personal pet. I will maintain this pet at my primary residence listed on the accompanying OCHS Adoption Application. I will inform OCHS if I move from the address on the Application and can no longer keep the animal.

I agree to obey and applicable vaccination laws and obtain and maintain licenses or permits relating to this animal as required by law.

I agree to allow a representative of OCHS to visit my residence at a reasonable time to ensure the terms of this Contract are being followed.

If I find that I cannot keep this animal, I will return it to Owen County Humane Society, Inc in Spencer, Indiana along with its complete medical record. If the animal is returned for any reason after seven (7) days from the date of adoption, the adoption fee will not be refunded. Under no circumstances will this animal be abandoned, sold, or turned over to any other person or animal shelter other than OCHS. Under no circumstances will OCHS be held responsible for any veterinary care expense incurred following the adoption of this animal.

I understand that noncompliance of any provision of this Contract will constitute a breach of contract and OCHS shall have the right to demand the immediate return of this animal to OCHS's care.

I understand that this is an Adoption Contract and not a contract for the sale of this animal. The Contract and the Application that I submitted to OCHS constitute the entire Contract for the adoption of this animal, and no prior representations or agreements are of any force and effect unless incorporated herein.

I certify that I am at least 18 years of age and I have read this entire contract and understand and agree to all of the representations and conditions incorporated herein.

Signature of Adopter: _____

Printed Name of Adopter: _____ Date: _____