

Foster Beginning Date: _____ Ending Date: _____

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| Name of Pet Applying for: _____ Cat dog other Date: _____ Petpoint checked yes no Staff Member _____ chip # _____ Visa or MC Name on card: _____ Card #: _____ Expiration date: _____ CVC _____ |
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I understand that I am applying for a 2-week foster trial period of the above referenced animal. I agree to provide The Humane Society of Sullivan County my debit or credit card information to keep in a secure file at their facility. At the end of the foster trial period, I will notify the shelter of my intentions to adopt or return the pet. If the pet is not returned within the set time frame, my debit or credit card will be charged the full adoption fee plus a 5% transaction fee. Terms to the agreement are in this contract.

2024 ADOPTER INFORMATION PACKET

PHOTO ID REQUIRED

Name: _____ Drivers License # _____

Street address: _____

City: _____ State: _____ ZipCode: _____

Home Phone: _____ Cell: _____

Work #: _____ Email: _____

Employer: _____ How long at current job: _____

Please provide a veterinarian reference:

Veterinarian reference #1: _____ phone: _____

List Current Pets in Box Below:

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Have you adopted from us before? YES NO Pets Name at adoption: _____

Have you adopted from another shelter or rescue? Organization name: _____

A little about you and your family:

Do you live in a(circle all that apply):

House Mobile Home Apartment/ Condo Dorm With Family Other: _____

Your home is:

_____ Owned, by you or your spouse/life partner _____ Owned, by someone else within the house
_____ Rented directly from the owner or through a management company _____ Rented with roommates
Other: _____

If renting, is your name on the lease? YES NO Do you have your landlord's permission to have a pet? YES
NO

Landlord's name and phone: _____

Who shares your household?

Spouse/Life Partner Roommate(s) # _____ Boyfriend/Girlfriend Other: _____

Are there children in the home? YES NO If yes, how many? _____ How old? _____

Where will your pet spend most of his/her day when you are home?

indoors garage yard enclosed patio indoor/outdoor other: _____

Where will the pet stay when he/she is home alone?

indoor/outdoor (doggy- door) inside~ run of the house crate specific room(s):
_____ outside yard garage outdoor kennel other _____

About your Yard....

Circle all that apply:

Fenced in yard fenced in yard Chain link fence height _____

Wood privacy fence Kennel Run & doghouse (size run) _____

Invisible Fence Perimeter Fence Acreage: # of acres _____

Live in rural area Live in town Dog Park at complex

Do you have a doggie door? Yes NO

Do you share a yard with a neighbor? Yes No

If your present relationship/ living situation were to change and you were no longer able to care for the dog, you can NOT rehome your adopted pet. A new application must be submitted and approved to transfer ownership or the adopted pet must be returned to Sullivan Humane Society.

Initial: _____ Date: _____

Please Read and Initial the following statements:

Health Concerns After Adoption (SHELTER COPY)

At THSSC, we strive to adopt healthy and happy pets, **however we cannot guarantee the health of any animal**. We do not have a veterinarian on staff or additional medical equipment for extensive testing; therefore, we **require that you make an appointment with your veterinarian within the first 7 days** for a health exam. **If there are medical concerns with your newly adopted pet and you choose to treat them, we are not responsible for any charges**. **If you choose to not have the animal treated and wish to return the animal, you are welcome to do so**, but please include medical findings from your veterinarian. (Copy provided) _____ **Adopters Initials**

Wellness Check: Most Veterinarian offices honor a free wellness check for adopted shelter pets. We have attached a certificate for your free office visit. At this time the veterinarian will evaluate the animal's health and wellbeing. This **MUST** be completed within 7 days of adoption. If an animal is seen months after adoption, it is unknown where any health concerns may have originated. (Copy provided)

Hold Harmless Waiver :

Adopter acknowledges and understands that the temperament, pedigree, and health of an animal may not be fully known, and does hereby **assume full responsibility for any and all actions** of, and for any personal injuries and/or damages that may be caused hereafter by or to the animal, and hereby remises, **releases and forever discharges THSSC from any claim**, loss or liability whatsoever arising from or relating in any way to the animal. Adopter agrees that all animals on their property are current on vaccinations. They understand that there is a minimal risk for exposing their own vaccinated animals to any unknown illness/diseases and **do not hold the Humane Society responsible for any medical care their personal animals might need**.

Adopter agrees to indemnify and hold harmless THSSC from and against all claims, damages, losses, fees or costs arising from or relating to the animal, including claims for personal injuries or damages caused by the animal. (Copy provided) _____ **Adopters Initials**

Return Policy: If, for **any reason**, your newly adopted pet does not fit into your household, **you must return the animal to THSSC**. What you have learned about the animal while in your home will help us find a more suitable home for the next adoption. **We DO NOT want you to re-home, sell, post to social media, Craig's List, or free to a good home in the newspaper**. (Copy Provided) _____ **Adopters Initials**

Please read and initial the following statements. If you do not agree, adoption may be denied.

I will provide sufficient food, water, and kind treatment to my shelter pet. _____ initials

I will NOT attempt to remove a microchip from my shelter pet. _____ initials

I will not re-home my shelter pet without contacting THSSC for approval. _____ initials

I understand that THSSC determines animal breed and age based on primary physical traits that appear to match a particular breed's characteristic and it is impossible for THSSC to confirm an animal's exact breed or mix of breeds, exact age, or animals full grown estimated size. _____ initials

I understand that THSSC has the right to perform an animal welfare check at any time regarding our adopted pet. _____ initials

I understand that HSSC reserves the right to deny or revoke my adoption application for any reason. _____ initials

I understand that if HSSC has probable cause that my adopted shelter pet is in danger or is being neglected as described in Indiana Law Code, they have the right to revoke my adoption application. _____ initials

THSSC prohibits animals adopted from their facility to live outdoors on a chain. If our adoptee is found living on a chain, THSSC will remove the animal, immediately take ownership of the animal, the contract will become null and void, and the animal will become property of THSSC. _____ initials

Terms of Foster Contract:

Foster Beginning Date: _____ Foster Ending Date: _____

Adoption Fee: _____ (a 3% additional charge will be applied if credit or debit card is used for this transaction.)

We reserve the right to refuse adoption to any applicant for any reason. This questionnaire becomes part of our contract. I have read, fully understand and agree to all terms within this contract.

Adopters Signature: _____ **date:** _____

Staff member Signature: _____