

Hornell Area Humane Society

PO Box 533 Industrial Park Road Hornell, NY 14843

Phone: 607-324-1270 Fax 607-324

Website: www.hornellanimalshelter.org

E mail: HAHS@infoblvd.net

Adoption Information

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Thank you for coming to adopt a pet! We will do our best to find the right for you but we need your help. If you are here to adopt, 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 begin your interview with the adoption counselor, please note that you:

- Must be prepared to pay a fee for the adoption
- Must have two forms of identification
- Must provide the name and telephone number of a personal reference we can reach on the phone during the interview process. *(in addition we will need to speak to all adults currently residing in your household)*

Please understand that we cannot guarantee the health of our animals. We cannot guarantee that an animal has had training or is housebroken. The HAHS reserves the right to deny any application. *Thank you for your patience and cooperation.*

Signature of Adopter

Date

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ADOPTION AGREEMENT

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This contract is made on _____ between the Hornell Humane Society and _____ the adopter. By signing below he or she acknowledges receipt from the Hornell Humane Society. Animal ID# _____ License # _____ described as a _____ whose DOB 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 kindly 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 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 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 Humane Society*.
4. *The Hornell Humane Society* cannot guarantee the health or temperament of the animals adopted from it. *The Hornell Humane Society* its past, present and future officers, 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 Humane Society*, its past, present and future officers, directors, agents, and employees from 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 Humane Society* will replace an animal adopted ONLY under the following circumstances:

ADOPTION AGREEMENT

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- 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 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 Humane Society*.
- D) If the loss of the animal is due to the adopter's negligence or accidental death the animal will not be replaced.

ADOPTION FEES ARE NON-REFUNDABLE

- 6. I understand that:
 - a) If the animal I am adopting has not been spayed or neutered that I must have this done within 30 days (adult) puppies by (6 months) of the above adoption
 - b) All dogs must have a dog license before leaving the shelter.
- 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 and does not bar *The Hornell Humane Society* from seeking return of the animal by a judicial process or other legal means. **Attorney's Fees and Court Costs:** Adopter agrees to pay reasonable attorney's fees and court costs in the event this matter is forwarded to an attorney for enforcement.

Sign Here

Date

Print or Write Legibly:

Name _____

Street _____

City/Town _____ State _____ Zip Code _____

Telephone Number () _____

Fees Paid _____

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Personal info	How did you hear about our organization? Check all that apply		<input type="checkbox"/> Friend	<input type="checkbox"/> Radio	<input type="checkbox"/> Website	
			<input type="checkbox"/> Other		<input type="checkbox"/> Newspaper	
	Name:					
	Address			Apt		
	City			State	Zip code	
Phone number: ()			E mail:			
Household info	Do you own or rent?		Does the landlord allow pets? Yes No			
	Landlord's name:		Landlord's phone ()			
	Years at home?		Are you moving?		When?	
	Number of children in the household?		Ages?			
	Adults in the household?					
	Any members in the household allergic to pets?					
	<i>Please check all that apply to your home</i>			<input type="checkbox"/> Screens on windows		
	<input type="checkbox"/> Yard has a covered or shaded area			<input type="checkbox"/> Doggie door		
	<input type="checkbox"/> Pool			<input type="checkbox"/> Fenced in yard		
Employer Info	Applicant's Employers Name:					
	Applicant Employer's Address					
	Work phone number ()			Work Hours:		
	Other adults in the household info					
	Employer's Name:					
	Employer's Address:					
	Work phone number ()			Work Hours:		
HAHS	Have you ever volunteered for the Hornell Humane Society?		Yes	No		
	Are you interested in learning more about volunteering?		Yes	No		
	Are you interested in helping with fundraising activities?		Yes	No		

Adoption Application

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Pet info	<i>Please list the pets you have owned in the past five (5) years</i>						
	Pet's Name	Age	Spay/neuter (circle one)	How long?	Still Have? (circle one)	Why Not?	Vaccinations
	1.		Yes No		Yes No		
	2.		Yes No		Yes No		
	3.		Yes No		Yes No		
	4.		Yes No		Yes No		
	5.		Yes No		Yes No		
	List of diseases;						
	Have you ever given up an animal? Yes No						
	Reason for surrendering pet?						
	Where will the pet be kept during the day?					At night?	
	What are the maximum hours the pet will be left alone?						
	Who is responsible for the pet? Self Spouse Children Other						
	Veterinarian's Name:				Phone: ()		
References	References Name		Address			Phone Number	
	1.						
	2.						
	3.						
	Neighbor's Name		Address			Phone Number	
1.							

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Adoptee information

FOR HAHS STAFF ONLY				
PET ID #				
Application approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reviewed by:	Date
Reason for disapproval:				
References checked	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Contacted by:	Date
Comments on references:				
Home visit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reviewed by:	Date
Comments of home:				
Vet Contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Contacted by:	Date
Comments from Vet:				
Adopted pet information				
Pet Name	Canine	Feline	Spayed/Neutered	Medical concerns
	<input type="checkbox"/>	<input type="checkbox"/>	Yes No	
	<input type="checkbox"/>	<input type="checkbox"/>	Yes No	
	<input type="checkbox"/>	<input type="checkbox"/>	Yes No	
Follow up information				
Follow up call made	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Call made by:	Date
Pet has been N/S	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Date
Adoption fee \$				
	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	Other	
Money received by :				
Contacted to volunteer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Contacted by:	Date
Notes:				

