



Clinton County Humane Society



1301 Apple Lane Breese, IL 62230

Adoption Form (Effective 1/7/17)

ccilhs@ccilhs.org Phone (618) 526-4500 Fax (618) 526-4502

*Adoption fees for all dogs: \$225 *Adoption fees for all cats: \$150

This fee ensures that the animal has a clean bill of health, dogs heartworm tested, cats feline leukemia tested, spayed/neutered, up to date on shots and micro-chipped.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Email: _____

1. In which pet are you interested? ___Dog ___ Cat Name or Description _____

2. Where would your pet stay? ___Indoor ___Outdoor ___Both (Explain) _____

3. Have you adopted from CCHS in the past? ___yes ___no
If yes, which pet and/or when did you adopt? _____

4. Do you currently have or had any other pets? ___yes ___no
If yes, please describe (name, age, and pet type or breed): _____

5. Are their shots current? ___yes ___no If yes, when were last shots given? _____

6. Are they currently on monthly heartworm prevention? ___yes ___no

7. Are they spayed/neutered? ___yes ___no If no, why not? _____

8. Current or past veterinarian(s) to be called as a reference:

Phone #: _____ Person's name pet is listed under: _____

9. Do you rent or own your home? ___own ___rent (Landlord's contact info required in order to adopt.)
Landlord's name _____ Landlord's phone number _____

10. Do you have any children living with you? ___yes ___no If so, what are their ages?

11. How much time will the pet spend alone? _____

12. Briefly describe your past experiences with pets: _____

13. How much time are you (and your family) prepared to spend with the adopted animal and are you willing to spend time socializing and training the adopted animal? Please describe:

14. Do you understand that adopting a pet is a commitment for the animal's entire lifetime? Are you willing to accept that responsibility? ___yes ___no

15. Please provide two personal references (please do not list immediate family members)
Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Terms of Adoption:

***CCHS vets all dogs and cats to ensure they are up-to-date on health protocol. It is your responsibility as a new pet owner to bring your new pet to your vet within 30 days to continue heartworm preventative and/or to get any additional shots needed. It is also the new owner's responsibility to bring the pet in for yearly appointments as well. Please ask if you have any questions.**

16. Do you agree to bring your new adopted pet to your vet within 30 days if needed and to bring in for yearly shots as well? ____ yes ____ no

***Once adopted, Clinton County Humane Society is no longer liable for this animal. If anything would happen that would cause me to no longer care for my adopted pet, it is the owner's responsibility to return the animal to the Clinton County Humane Society.**

17. Do you agree to return the adopted pet at any time if you can no longer properly care for him/her? ____ yes ____ no

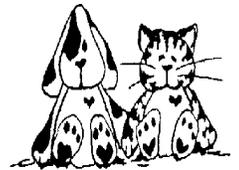
***There will be a thirty day grace period on all adoptions from the Clinton County Humane Society. If the adoption does not work out, the animal may be returned within this time and a full refund will be given. If returned after thirty days, no refund will be given.**

18. Do you understand the 30 day grace period? ____ yes ____ no

By signing this application, I represent that the information that I have provided on this form is the truth to the best of my knowledge and belief and will contact CCHS if I can no longer care for him/her.

Adopter's Signature: _____ Date: _____

*CCHS Authorized Signature: _____ Date: _____



*Adoption Fee agreed upon \$150 cats / \$225 dogs (to be filled out by CCHS): _____

*Adoption paid by: ____ credit/debit card (Last 4 # _____), ____ check # _____, ____ cash