



# Clinton County Humane Society



1301 Apple Lane Breese, IL 62230

Adoption Form (Effective 10/4/19)



[ccilhs@ccilhs.org](mailto:ccilhs@ccilhs.org) Phone (618) 526-4500 Fax (618) 526-4502

**\*Dog/Puppy Adoptions (Senior Dog Discounts) \*Cat/Kitten Adoptions (Multiple Cat Discounts)**

**\*\*The fees ensures that the animal has been vetted, dogs heartworm tested, cats feline leukemia tested negative, spayed/neutered, up to date on shots, dewormed, treated for fleas, ticks, ear mites and will be micro-chipped upon adoption.\*\***

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 majority of the time \_\_\_ Indoor \_\_\_ Outdoor \_\_\_ Both

\*Explain situation is both. \_\_\_\_\_

\*If outside, explain set up? \_\_\_\_\_

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 (Even if your animal has passed).

\_\_\_\_\_ 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

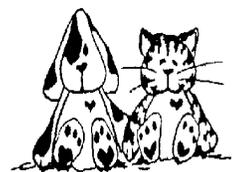
**•There will be a thirty day grace period on all adoptions from the Clinton County Humane Society. If the adoption does not work out, the animal may be returned within this time. A full refund will be given within the first 7 days. Between day 8-30, there will be a partial refund given (Dogs \$50 less and Cats \$25 less). If returned after thirty days, no refund will be given.**

18. Do you understand the 30 day grace period and the refund agreement?  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-(to be filled out by CCHS): \_\_\_\_\_

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