



Clinton County Humane Society



1301 Apple Lane Breese, IL 62230

Adoption Form (Effective 10/4/19)



ccilhs@gmail.com 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

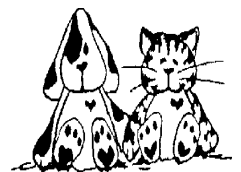
***There will be a thirty day grace period on all adoptions from the Clinton County Humane Society. If the adoption does not work out, the animal may be returned within this time. A full refund will be given within the first 7 days. Between day 8-30, there will be a partial refund given (Dogs \$50 less 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