



**Faribault County Humane Society  
P.O. Box 231  
Blue Earth, MN 56013**

**Animal Adoption Application**

**Animal Information – FOR HUMANE SOCIETY USE ONLY**

**Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_  
**DOB/Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Fixed:** \_\_\_\_\_ **Up-to-date on shots:** \_\_\_\_\_  
**Adoption Fee: \$** \_\_\_\_\_ **Date of Adoption:** \_\_\_\_\_

**Adopter Information**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

Do you rent or own? \_\_\_\_\_ How long have you lived at your current residence? \_\_\_\_\_

**If you rent, please complete the following questions:**

Landlord's name and phone number: \_\_\_\_\_  
 Does your landlord have breed restrictions? \_\_\_\_\_ Size limits? \_\_\_\_\_

Are there children in your household?

If yes, what are their ages?

<b>Other pets in your home</b>	<b>Are vaccinations up-to-date?</b>	<b>Spayed or neutered?</b>

What qualities are you looking for in a pet?

Will the animal be kept indoors?

How long will this animal be left alone (hours and days/nights per week)?

Where will this animal be kept when you are away from home?

What will you do with this pet if you have to move?

Are you willing to give this pet at least a month to adjust to your home and family?

Have you ever given up an animal? If yes, why and when? What did you do with the animal?

### **References**

Please provide information for two people who have known you at least two years, and if applicable, list your veterinarian.

#### **1. Personal Reference**

Name:

Relationship:

Address:

City/State/Zip:

Phone number:

#### **2. Personal Reference**

Name:

Relationship:

Address:

City/State/Zip:

Phone number:

#### **3. Veterinarian Reference**

Name of Vet:

Clinic:

Address:

City/State/Zip:

Phone number:

## **Adoption Terms and Conditions**

**I hereby agree to be bound by the following terms with the Faribault County Humane Society (FCHS):**

I understand that this animal may have been previously unwanted, lost, or rescued from dangerous, unhealthy, or cruel situations, and there may be long-lasting effects.

I agree to be personally responsible for the care of this animal for the rest of its life; to provide veterinary care for any apparent illness or injury; to vaccinate as prescribed by my veterinarian; and to allow the animal to live in at home as part of my family.

If I am unable to keep this animal, I will notify the FCHS immediately and agree to allow the FCHS two weeks to resume custody of the animal. The animal will be returned to FCHS at my expense and the adoption fee will be forfeited.

I understand that the FCHS makes follow-up calls to all adopters and reserves the right to visit my home. Should the FCHS determine that I do not comply with the terms and conditions of this contract, I agree to return the animal upon demand.

I agree that the FCHS shall not be legally liable for any acts of the animal once it has been adopted. I hereby release and discharge the FCHS, its volunteers, agents, officers, board members, donors, and supporters for all acts, omissions, claims, or causes of action of any kind arising from the adoption of this animal.

I agree to hold harmless the FCHS for any medical condition or other defects which this animal may have or may develop after I assume ownership.

**I understand and agree to the terms of this adoption application.**

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Adopter's Signature

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Date

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FCHS Signature

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Date