



Animal Adoption Application

Animal Information – FOR HUMANE SOCIETY USE ONLY					
Name:	Breed:	Breed:			
DOB/Age:	Gender:	Gender:			
Fixed:	Up-to-date on shots	Up-to-date on shots:			
Date of Adoption:	Adoption Fee: \$	cash or check #			
Adopter Information					
Name:					
Address:	City/State/Zip:	City/State/Zip:			
Phone number:	Email address:				
Do you rent or own? How le	ong have you lived at your curr	ent 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?					
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If yes, what are their ages?					
, ,					
Other pets in your home	Are vaccinations up-to-d	ate? Spayed or neutered?			



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FCHS	Faribault County Humane Socie P.O. Box 23 Blue Earth, MN 560 FCHSPAWS@gmail.co
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	x)?
Where will this animal be kept when you are away from home?	

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 (not related to you) and have known you at least two years.

1.	Personal Reference	2.	Personal Reference
	Name:		Name:
	Relationship:		Relationship:
	Phone number:		Phone number:
3.	<u>Veterinarian Reference</u>		
	Name of Vet:		
	Clinic:		
	City:		
	Phone number:		





Adoption Terms and Conditions

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

- I am at least 18 years old.
- I understand that this animal may have been abandoned, unwanted, or rescued from dangerous, unhealthy, or cruel situations, and there may be long-lasting effects.
- I will be responsible for the care of this animal for the rest of its life, seek veterinary care, as needed, for any illness or injury, vaccinate as prescribed by my veterinarian, and allow the animal to live in my home as part of my family.
- If I am unable to keep this animal, I will notify FCHS immediately. If I have had the animal for less than a month, the adoption fee will be refunded. If I have had the animal for more than a month, the animal will be returned to FCHS at my expense and the adoption fee will be forfeited.
- 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 FCHS, its volunteers, 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 FCHS for any medical conditions or other issues this animal may have or may develop after I assume ownership.

Adopter's Signature	Date
FCHS Signature	Date

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