



# Blount County Humane Society

## Pet Adoption Contract

[www.BlountCountyHumaneSociety.org](http://www.BlountCountyHumaneSociety.org)

Pet ID # \_\_\_\_\_

Animals Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Adoption Donation \_\_\_\_\_ Paid by: Check # \_\_\_\_\_ Cash: \_\_\_\_\_

### Adopter Information:

Name \_\_\_\_\_ Drivers License # \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_

How many hours per day will the pet you are interested in be outside? \_\_\_\_\_

How many hours will this pet be home alone each day? \_\_\_\_\_

Where will your pet sleep at night? \_\_\_\_\_

Do you have a fenced in yard? \_\_\_\_\_

If yes, describe the type of fence: \_\_\_\_\_

Do you plan to keep your pet in an outside pen or on a stake tie out? \_\_\_\_\_

How many children in your home? \_\_\_\_\_ What are their ages? \_\_\_\_\_

How many other pets are in your family? \_\_\_\_\_ Are they spayed or neutered? \_\_\_\_\_

If not, do you plan to have these pets spayed or neutered?

List other pets including breed and age:

Name of your Veterinarian:

Telephone:

When did you last visit your Veterinarian?

What was the purpose of this visit?

If you do not have a Veterinarian would you like a recommendation?

Have you ever had a pet that is no longer with you?

If yes, what happened to this pet?

In what type of home do you live?

**Apartment**

**Mobile Home**

**Single Family Home**

**Other**

Do you own or rent?

How long have you lived at this address?

If you rent, name of Landlord?

Telephone:

May we contact your Landlord to verify the pet policy?

If you had to relocate/move would you take your pets with you and find living accommodations that allows pets? **YES NO**

If not, what would you do with your pets?

**Please list 3 references that will verify that you are or would be a good pet owner:**

Name:

Telephone:

Name:

Telephone:

Name:

Telephone:

Would you allow a representative of the Humane Society to visit your home?

**YES NO**

**PLEASE READ CAREFULLY AS THIS CONTRACT IS BINDING.**

**Please initial where required.**

I understand that the Blount County Humane society makes no representation, warranty, or guarantee as to the health, disposition, breed or ultimate size of this animal because the BCHS may be uncertain as to its background. I understand that the animal has displayed no evidence of illness or behavioral issues except as disclosed in the pets records. \_\_\_\_\_

The Adopter may not sell, give away or surrender the adopted animal to any person, rescue, shelter or pound without the express written permission of the BCHS. If adopter does sell, give away or surrender the adopted animal without permission they will be liable for any expenses related to reacquisition of animal in relation to travel expenses, fees, legal expenses or any other expenses related to the BCHS regaining custody of the animal. In addition a \$250 penalty will be surrendered to the BCHS by adopter in the event the BCHS acquires knowledge that the Adopter has sold, gave away, surrendered, or placed the pet in a city or county pound. \_\_\_\_\_

I understand that the Blount County Humane Society reserves the right to periodically contact me after the adoption with phone calls and/or emails in regards to the status of the animal. I understand I am invited and encouraged to attend adoption events after the adoption or to provide 'Happy Tails' testimonials to new potential adopters. BCHS strongly encourages our adopters to send photos and/or letters regarding the ongoing relationship you are forming with your new pet. \_\_\_\_\_

- I agree that my new pet will be vaccinated yearly, treated by a professional Veterinarian as necessary, including emergency medical treatment and groomed regularly if the breed requires. \_\_\_\_\_
- I agree that no claim, action, demand, suit in law or equity will be brought by me against the BCHS, its agents or officers by reason of this adoption, and I hereby release BCHS, its officers, veterinarians, or agents from all actions, suits, claims and demands arising from this adoption agreement. \_\_\_\_\_
- I agree to have my pet examined by a veterinarian within 5 working days of adoption for a basic examination. \_\_\_\_\_
- I agree that I am responsible for any and all medical care once I take possession of my new pet. \_\_\_\_\_
- I agree that the adoption fee will not be refunded after 72 hours. However this adoption fee is a tax deductible donation. \_\_\_\_\_
- I agree to provide food, shelter, water, veterinary care and loving humane treatment at all times. \_\_\_\_\_
- I agree that my cat or dog will not be cosmetically altered in any way, including declawing, tail docking, ear clipping, etc. \_\_\_\_\_

While adult dogs/cats require one booster vaccination per year to protect against serious illness and disease, puppies require a series of vaccinations (4 shots spaced at 3 week intervals). To ensure that each puppy/kitten is well protected against serious illness and disease, by signing this adoption agreement, you agree to get the required series of vaccinations at the specified intervals by a licensed Veterinarian. You shall be financially responsible for all vaccinations and any other necessary medical care. \_\_\_\_\_

By signing this application, it is agreed that all statements made are truthful. This application must be approved by a BCHS Adoption Representative and such Representative reserves the right to refuse adoption at their discretion now or at the time of a home visit.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Blount County Humane Society Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Adoption Donation/Fee for is \$\_\_\_\_\_. This covers the basic veterinary care your new pet has received while in our care. This may sound like a lot but it is really a great value. If you were to find a stray of have a new pet given to you that has not had its basic veterinary care it would cost an average of \$300.00 to have all the procedures administered we do to our pets before adoption. So you can see how this does not begin to cover our costs and is a good value to you when all things are considered. Please think about making an additional donation amount when you write your check. This will allow us to rescue and care for even more loveable critters just like the one you are adopting into your family today. Please remember the basic adoption donation of \$\_\_\_\_\_ is a tax deductible donation to the Humane Society as well as any additional amount you graciously decide to give towards saving other Critters. The receipt below is provided for tax purposes so please be generous when you write your check.

*Bark Ruff Ruff Meow Purr Purr. Oh that's THANK YOU in Dog and Cat language, also the People at the Humane Society want to say THANK YOU from the bottom of our hearts for giving one of our precious critters a warm and loving home. - Steve Phipps, President*  
www.BlountCountyHumaneSociety.org

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**RECEIPT**

Date of Donation: \_\_\_\_\_

The Blount County Humane Society  
PO Box 5446  
Maryville, TN 37802

acknowledges the receipt of \$\_\_\_\_\_ as a donation to our Animal Rescue Program.