

We invite you to visit our adoption areas any time during normal business hours. If you are interested in one of our furry friends, please look over and fill out this application. You must be 18yrs or older to apply and understand CHS has the right to deny or accept your application for any reason.

Name (First, Last):	Date of Birth:
E-mail Address:	Phone Number:
Address (Street, City, State, Zip):	
Do you rent or own?	
Landlord name and phone:	
How many people live in your household & Ages?	
Are there young children who visit your home regular	ly?
What type of pet are you looking for (Circle All that Ap	oply): Dog Cat
What type of pet(s) do you have at home?	
Names of Dog(s) or Cat(s) living in the home:	
Are your pets spayed &/or neutered?	Up to Date on Vaccines?
Who is your primary veterinary clinic?	

Name any other person(s) your veterinary clinic could have on file for your animal(s) ____

I certify that I am at least 18yrs of age and can provide a valid identification. I understand that after adoption all financial obligations for my newly adopted pet are my responsibility. **If my newly adopted pet is not spayed or neutered at time of adoption, it is <u>my</u> <u>financial responsibility to have my pet spayed or neutered within 30 days of adoption or as soon as the animal is old</u> <u>enough.</u> If I am no longer able to care for my adopted pet, I agree to return my pet back to Clinton Humane Society. If within the first 30 days I will not receive a refund, if it's past 30 days I will be required to pay a \$65 surrender fee, and I understand that I can only surrender the animal if space allows at the shelter I assume all risks while visiting the Clinton Humane Society, including, but not limited to, falls, bites, scratches, and exposure to animals.**

I relieve the Clinton Humane Society of all liability and responsibility for damage or injury to persons, property or other animals caused directly or indirectly by the pet. I further agree that I will not hold the Clinton Humane Society responsible for any illness or injury once the animal has been adopted.

By signing I hereby authorize my Veterinarian and/or Veterinarian Clinic to release information to the Clinton Humane Society such as if my animal(s) are spayed/neutered and up to date on vaccines?

Signature:	
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