

The Sioux Falls Area Humane Society
Adoption Center
Application and Agreement

EMPLOYEE USE ONLY

COLOR _____

NUMBER _____

BREED _____

SEX _____

AGE _____

FAMILY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE NUMBER _____

EMPLOYER _____ AGES OF CHILDREN, IF ANY: _____ ARE YOU OVER 18 YEARS? _____

Is this pet for: Yourself ___ Children ___ Family ___ Someone Else ___ Gift _____

Is this pet to be mostly: A Companion ___ Watchdog ___ Hunter ___ Farm Dog ___ Breeder _____

Will this pet be primarily: A House Pet _____ An Outside Pet _____

If an outside pet, what shelter do you have for it? _____

Do you have a completely fenced in yard? _____ Will it be leashed? _____ Run free? _____

Do you own or rent the place you live? _____ If you rent, does the landlord allow pets? _____

Landlord's Name, Address and Phone: _____

Is your residence a : House ___ Mobile Home ___ Farm ___ Acreage ___ Apartment _____

If this is an indoor pet where will you keep it when you are not at home? _____

Will someone be home to housebreak it, if necessary? _____ Do you know how to housebreak an animal? _____

How will you discipline your pet? _____

How long will this pet be alone? _____ Do you plan to have this animal spayed? _____ Neutered? _____

Do you plan on having the cat declawed? _____

Have you had any other pets during the past five years? _____ If so, what kind? _____

What has become of them? _____

Are your current pets spayed or neutered? _____

If you have children what will their role be in caring for this pet? _____

Who is your Veterinarian? (May be used as a reference) _____

What has been the most common reason you have visited the Veterinarian? _____

Are you aware of the high cost of shots, spaying/neutering and regular Vet care? _____

When did your current pet have shots? _____ Will this pet wear identification? _____

What brand of food do you plan to feed your pet? _____

How will you exercise your pet? _____

How much time will you have to spend with your new pet? _____

Have you had any experience training dogs? _____ If so, please specify method used: _____

Do you plan on attending obedience classes with your dog? _____

What will you do with this pet if you go on vacation? _____

What will you do with this pet if you move? _____

If this pet is a cat, will you allow the cat to roam outside? _____

Have you ever used the services of the Sioux Falls Area Humane Society before? _____

If yes, for what reason? _____

How did you learn of our services? TV _____ Radio _____ Newspaper _____ Friend _____ Other: _____

If you are adopting a stray animal, the Humane Society has little or no information on this animal as to temperament, health, age, behavior, or how it is around children. The Humane Society makes no guarantees and adopter assumes all risk. Refunds are made only on the health of this animal per our health guarantee.

SIGNATURE _____

I agree as part of this adoption agreement with the Sioux Falls Humane Society:

1. TO PROVIDE the proper food, water and shelter for this pet, to give it the necessary attention and training to make it a healthy, happy animal.
2. I AGREE to provide veterinary care for this animal in case of illness or injury and if I am unable to do so to return it to the Humane Society at no cost to me.
3. I AGREE that I will not knowingly permit this animal to be used for fighting or in the training of fighting animals or to allow it to be used for experimental use.
4. I AGREE in order to help curb the over population of pets to have this pet spayed/neutered by a veterinarian within the time set by the Humane Society.
5. **I AM AWARE** that the Humane Society is a nonprofit organization dedicated to the protection and care of helpless animals. For this reason, IF I DO NOT PROVIDE FOR THE HUMANE CARE NECESSARY FOR THE WELL-BEING OF THIS ANIMAL AND THEY REQUEST ITS RETURN BECAUSE OF VIOLATIONS OF THE CONTRACT, I WILL RELINQUISH THE PET MAKING NO CHARGES FOR EXPENSES OR CARE.

SIGNED: _____ DATE _____

SPAY/NEUTER BY: _____ WITNESS _____

WE CANNOT ACCEPT CHECKS OUT OF A 50 MILE RADIUS.

FOR OFFICE USE ONLY
TO BE FILLED OUT BY HUMANE SOCIETY EMPLOYEE
ALL ADOPTIONS NEED THE FOLLOWING INFORMATION OR A COPY OF DRIVER'S LICENSE

Driver's License Number: _____ State: _____

DOB: _____ Height: _____ Weight: _____ Eyes: _____

ALL CHECKS MAY BE SUBJECT TO BANK VERIFICATION