

TRI-LAKES HUMANE SOCIETY (TLHS) APPLICATION FOR ADOPTION

Directions/Information: Please complete this application in its entirety. It will take 24-48 hours for TLHS to process the application. Only the TLHS Adoption Committee or Shelter Manager can make exceptions.

I would like to provide a forever home to: _____

Contact Information

Name: _____
Contact Phone Number: _____ Email: _____
Street Address: _____
Municipality: _____ State: _____ Zip: _____
Mailing Address (if different): _____
Age: _____ Place of Employment: _____
Job Title: _____ Work Phone Number: _____
Driver's License Number: _____

Pet-Related Information

I want to adopt this pet for the following reason(s). Check all that apply.

Hunting Barn Cat Rodent Control
 Protection/Guarding Companion Gift Other

If Other, please explain: _____

If adopted, I will keep this pet primarily indoors outdoors both

Please provide information on all current pets in your household:

NAME	TYPE	SEX	AGE	SPAYED OR NEUTERED?	KEPT INSIDE OUTSIDE OR BOTH
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please provide information on previous pets for last five years:

NAME	TYPE	SEX	WHERE IS THE PET NOW?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Information on the Commitment of Owning/Caring for a Pet

Please read and acknowledge your understanding of the following nine statements with your signature and date where noted.

1. It may take a few days, weeks, or months for a new pet to adapt to his/her new environment.
2. I will provide my pet with proper food, fresh water, weatherproof and clean shelter, and humane treatment.
3. I will keep my pet on my property and within my control at all times.
4. I will bring my pet to the veterinarian for recommended exams, vaccinations, etc.
5. The adoption of my pet is undertaken at my own risk and the destruction of any personal or private property is my responsibility.
6. The TLHS has the right to investigate my home by phone call or home visit.
7. The health and disposition of my pet has been described to me based on information given to the TLHS by former owners and/or the observance of TLHS staff.
8. If I am no longer able to keep this pet, I agree to return it to the TLHS or consult with TLHS on finding a suitable home,
9. If a puppy/dog, I will keep its license current, as required by New York State law.

Signature: _____

Date: _____

In the event the terms of this adoption contract are not met, or should any misrepresentations, oral or written, have been made to the TLHS, or should any events arise at any time that cause the TLHS cause for concern for the well-being of the animal, the TLHS may reclaim the adopted pet and seek restitution or legal remedies for such actions. By signing this application and contract, you are stating that the information you provided is true and that you understand and agree to the contract's terms. You also understand that giving false information is grounds for denial. You understand that the TLHS reserves the right to refuse or deny any application. The TLHS reserves the right to have the TLHS Adoption Committee review and vote on this application.

Release

I authorize the staff or board of the TLHS to contact landlords, veterinarians, employers, and/or references in order to investigate statements in this application. The TLHS reserves the right to have its employees and board members conduct follow-up telephone calls and property checks to ensure the happiness, safety and well being of the adoptive pet. I agree to relinquish ownership of my adopted animal to the TLHS if found, at anytime, that I am in any way acting against this legal contract.

I agree to release any and all of my past and present veterinary records to the TLHS.

I swear that neither I, nor anyone living with me, has been convicted of a charge related to cruelty to OR neglect of animals, and that no such charge against me is currently pending.

Print Name: _____

Signature: _____

Date: _____