**Please read carefully before signing:**

**Alcona Humane Society**

457 West Traverse Bay Rd.

P.O. Box 310

 Lincoln, MI 48742

(989) 736-7387

alconahumanesociety.org

**Adoption Agreement**

Adoption of an animal is a serious responsibility. The guardian(s) must be capable of morally, physically and financially accepting that responsibility.

This contract is entered into by Alcona Humane Society and adopter. In adopting the animal described below, adopter agrees to comply with the following policies of the Alcona Humane Society.

I/we hereby acknowledge adopting the cat/dog named “ “

I/we promise to give them a loving, forever home with lots of hugs and belly rubs.

I/we agree to provide proper food, water, shelter and kind treatment at all times.

I/we agree to take the animal to a veterinarian for examinations and immunizations as needed and to seek immediate veterinary care, at my/our own expense, should the animal become ill or injured.

I/we understand that after a trial period of ten days following the adoption, if the animal has not been returned to the shelter, AHS has the right to finalize the adoption and no refund will be given after that time.

I/we understand that the AHS cannot guarantee the health, temperament or training of the adopted animal(s) and hereby agree to release and hold harmless the AHS from any and all liability for any accidents or injuries, which may arise out of my/our adoption or caring for these animal(s).

***Signature(s)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

Print Name(s): Phone:

Adopter’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_

Canine: Feline: Sex: Altered: Age: Breed/Color:

Adoption Fee: \_\_\_\_\_\_\_ Spay/Neuter Deposit: \_\_\_\_\_\_\_ Donation: \_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_ Cash: \_\_\_\_\_\_\_\_\_\_

AHS Employee Signature: Date

1. Animals will not be adopted to persons who have had repeated contact with Alcona County Sheriff Department (animal control) or court because of neglect or abuse issues or domestic violence; nor to persons who have not completed previous adoption contracts with AHS or who have surrendered an animal to AHS or another shelter.
2. Adopter will agree to have their pet spayed or neutered within 30 days of adopting, except for puppies and kittens, (to be completed when animal is old enough.) Adopter will notify and show proof (receipt) of procedure to AHS.
3. If adopter is unable to keep their pet, they will return the animal to AHS immediately. You will be put on our “No adopt” list if you re-home your adopted animal.
4. Animals will not be adopted out that are to be given as gifts, except those from a parent or legal guardian to a domicile minor child.
5. All cats and dogs adopted must be kept as indoor pets only, unless approved by Shelter Manager.
6. Animals will not be adopted to minors. Adopter must be 18 years of age or older.
7. All current and previous animals must be or have been kept up to date on all vaccinations AND you must have an established veterinarian. All animals in the home that are of age must be spayed/neutered.
8. When adopting a dog, all other dogs in the home must come to do a meet and greet to ensure they will get along.
9. All residents of the home must agree and be informed of the adoption as well as coming to the shelter to meet the animal; especially children.
10. AHS will hold an animal for 24 hours with total adoption fee and a completed application to ensure the best home for the animal.
11. All landlords will be informed about the adoption by AHS before the animal is to leave AHS. All applicants must have permission from their landlord and provide a copy of the lease agreement.
12. **Filling out this form does not guarantee an adoption will be approved. We reserve the right to deny any application without reason. False information on this form will result in the adoption being declared null and void with the animal to be returned to AHS upon notification.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adopter(s) Date

*The person(s) interested in adopting a companion animal from our shelter must complete this questionnaire. Please do not consider it an invasion of your privacy. We at the Alcona Humane Society try to match you and our pets with a permanent, suitable home. The animal(s) you are interested in must live at the above residence. The Adoption Coordinator will call your veterinarian and landlord. This is vital information required before an adoption can proceed.*

1. Who is your employer?
2. Are you over 18? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you interested in adopting this pet for yourself?
4. Do you rent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Landlord permission must be obtained prior to adoption. Must show lease.**

Please list landlord’s name and phone number:

1. What are the ages of the children in your household?
2. Will your new pet be indoors?
3. Is there a fenced in yard? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Have you ever adopted a pet from AHS or another shelter?

Where is the pet now? ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many dogs and/or cats have you owned in the past five years?
2. If you no longer have pets, what happened to them?
3. Have you had a dog die on your premises of parvo or unknown causes within the past 3 months?
4. Have you had a cat die on your premises of distemper, leukemia or other unknown causes in the past 3 months?
5. Do you own any pets at the present time?
6. Are they spayed or neutered?
7. Are their vaccinations up to date?
8. Please list the name and number of your Veterinarian:

**Please sign below for authorization to speak with your veterinarian regarding your current and/or past animal(s) vaccination and medical records.**

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Guarantee & Return Policy**

The Alcona Humane Society claims no liability in the health of our pets if they were to become ill. However, if the animal were to become sick within our ten day trial period, the animal can be returned and your full adoption fee will be refunded within ten (10) days. Before any animal is fully adopted, a trial period of 10 days will be issued. The total adoption amount will be collected, processed and NON-REFUNDABLE after ten days. If the animal is returned to AHS within the ten-day trial period, the total adoption amount will be refunded within ten (10) days after the animal is returned.

If for some reason after the ten day trial period is over and you decide not to keep the animal, it MUST be returned to Alcona Humane Society.

Signature: Date:

Adoption Policy.doc
1/04/18