

Name _____

Number _____



Application and Agreement

Name _____ Address _____

City, State, Zip _____ Phone _____

Employer _____ Phone _____

Ages of Children _____ Are you over 18? _____

Have you ever been arrested or convicted of a felony? _____

Is this pet for: You _____ Family _____ Gift _____

Who will care for the pet? _____

Do you rent _____ or own _____ your place of residence?

If rent, landlord's name and phone number _____

If own, house ___ mobile home ___ farm ___ acreage ___ Apartment ___

Do you have a completely fenced yard? _____ or be leashed? _____

Will the pet be primarily an indoor pet _____ or outdoor _____

On a normal day, how many hours will this pet be alone? _____ How many hours a day can you devote to your new pet? _____

Do you currently own pets? _____ Describe (breed, spayed or neutered, current vaccinations?) _____

Who is your current veterinarian? List clinic name, city and phone _____

Please list any veterinary clinics you have worked with in the last 5 years (name, city & phone) _____

If you do not have a veterinarian, please list another reference and phone number _____

If you move, what will you do with your pet? _____

How will you discipline your pet? _____

Animal No. _____

Date _____

For, and in consideration of, receiving custody of the below described animal from the Aberdeen Area Humane Society, I, the undersigned, hereby agree that I shall:

- Care for the animal humanely and not allow it to run at large or become a nuisance
- License it, and provide other treatment in accordance with the laws of the State and Municipality in which I reside
- Retrieve it from the Animal Control Center if notified to do so
- Spay or Neuter by _____ and provide medical proof of having done so
- Not allow the animal to become the subject of medical or any other type of experimentation

I grant the Society the right to inspect the premises where the animal is to be kept, and I agree that if I breach this contract, or if the Society is, for any reason dissatisfied with the conditions surrounding the animal, the Society may repossess the animal from me or from any person who has custody of it.

I agree to provide veterinary care for this animal and keep current on vaccinations. I further understand that the animal is in good health to the present knowledge of the Society, but that no expressed or implied warranties concerning the health of the animal has been made to me.

Type of Animal _____
Description _____

Sex _____
Age _____

MEDICAL HISTORY AHC 605-229-1691

DA2PPCV: _____

CVR _____

Bordetella: _____

CVR-C _____

Rabies: _____

Fecal: _____

Vet Check: _____

Adoption Fee _____

I understand the animal I am adopting has not had a rabies shot, and it is my responsibility to take care of this as soon as possible.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for denial of application.

Name _____ Phone _____

Address _____ City _____ State ____ Zip _____

Signature _____ Employee Signature _____

Owners are allowed a two-week period in which they may return the animal. Refunds and exchanges will be at our discretion.

Refunds could be given for the following reasons:

1) Allergies

2) Exchange of animals may be made under special circumstances such as illness of the animal. This exchange must be made within the first two weeks of the adoption.

On all refunds, there is a \$10.00 processing fee which will be withheld from the adoption fee at the time of the refund.