



4000 Coleman Road

Paducah, Kentucky 42001

(270) 443-5923 www.mccrackenhumane.org

Adoption Application

Intake Number: _____

Intake Date: _____

Pet Name: _____

Adoption Date: _____

Date: _____ DOB: ____-____-____ 18+ years old: Yes No

First Name: _____ Last Name: _____

Street Address (Must have physical address): _____

P.O. Box (mailing purposes): _____ City: _____ State: ____ Zip: _____

Home Phone: ____-____-____ Cell: ____-____-____ E-mail: _____

Are you currently employed? Yes No If yes, by whom: _____

Work Phone: _____ Work Address: _____

Type of Housing: House Apartment/Condo Other: _____

Current Housing: Own Rent * Length of time at address: _____

*If you rent, we must have a copy of the lease stating the pet policy before we can process the adoption

Landlord: _____ Phone: _____

Not all housing arrangements/leases/rental agreements allow pets. What do you plan to do if your current situation changes and you can no longer keep the pet?

Do you have children? Yes No How many? _____ Ages: (0-5) (5-12) (12+)

Current Veterinarian: _____

Please list other pets: _____, _____, _____, _____

Are all of your current pets up-to-date on vaccinations? Yes No

If no, please explain: _____

Are all of your current pets spayed or neutered? Yes No

If no, please explain: _____

Are you aware that routine, preventative pet care for both dogs and cats can cost between \$150-300 per year, not including food, toys, crates, etc, and are you willing to provide these things for your adopted pet? Yes No

Are you adopting a pet for: yourself or someone else? Who: _____

Will this pet live INSIDE or OUTSIDE?(Circle one) Where will they sleep? _____

Do you have a fenced in yard? Yes No

If no fenced in yard, how will you keep your pet under your control when outside?

Do any members of the adopting household have animal allergies? Yes No

If Yes, Explain: _____

Will the animal be left alone during the day? Yes No

If Yes, who will take care of the animal during the day? _____

Who will care for your pet if you are away for extended periods of time?

How many other animals have you had in the past 5 years?

Dogs: _____ Cats: _____ Other: _____

What is their current status? _____

Have you had any pets die in the last three months? Yes No

If yes, please explain: _____

How did you hear about us and our adoption program?

Friend/Family MCHS website walk-in PetFinder PetCo

Facebook Adopt-A-Pet TikTok SnapChat Instagram

Other _____

Official Use Only

Date: _____

Approved: _____ **Denied:** _____

Reason: _____

Signature: _____

IMPORTANT NOTICE

While the McCracken County Humane Society, Inc. (MCHS) makes every effort to only adopt healthy animals, we ultimately cannot guarantee the health of any animal adopted from the MCHS or be responsible for any expenses, medical or otherwise which may be incurred. If the animal you adopted had preexisting injuries, infections, or anything that can be justified to have medical attention then that animal will have been evaluated by our staff veterinarian. The MCHS hereby expressly excludes any implied or express warranties of merchant-limitation, any warranties regarding health, temperament/behavior, or whether the animal is housebroken. Your **non-refundable**, tax deductible, adoption donation helps to care for all of the other animals at the McCracken County Humane Society. All of the animals adopted from MCHS have already been spayed or neutered, unless expressly mentioned otherwise.

I hereby acknowledge receipt of the above described animal and therefore promise and agree to:

1. Within 7 days after receiving my Pet, I will have he/she evaluated by my veterinarian which should include a complete physical exam and/or vaccinations, if necessary. This also establishes your new pet as a patient at your veterinarian’s office.
2. If for some reason the adoption of your new pet does not work out, I agree to bring the pet back to MCHS within 14 days of the day of the adoption date listed on your receipt. MCHS will make every effort to find a suitable pet within the next 30 days and you will only be financially responsible the difference, if any, in the adoption fee of the new pet.
3. Provide adequate food, water, and shelter at all times.
4. Procure adequate veterinary medical care as soon as possible, at my own expense, should my animal become sick or injured.
5. Refrain from physical abuse of the animal and from otherwise treating the animal in an in-humane manner.
6. Not permit or allow this animal to be used for the purpose of experimentation, medical or otherwise.
7. Not allow this animal to run loose or violate any other state or municipal anti-cruelty or licensing laws and to notify the McCracken County Humane Society and other appropriate agencies if animal is lost or believed to have been stolen.
8. Not sell, transfer, or give the animal away and will return him/her to the McCracken County Humane Society if I no longer intend to keep him/her. There will be a \$25.00 return fee for heartworm or FeLV/FIV testing.
9. All of our animals are fully vaccinated (as is appropriate for their age) however, they must be kept fully vaccinated for the remainder of their life. Although there may be an unforeseen circumstance in which a particular animal may not be spayed/neutered upon adoption, (which is an extremely rare occurrence), but **UNDER NO CIRCUMSTANCES** are you to allow the animal to be used for breeding purposes and you are responsible to prevent the birth of unwanted animals.
10. Allow an authorized representative of MCHS or McCracken County Animal Control to inspect the animal and premises where the animal is kept for the sole purpose of determining compliance within the terms of this contract. A 24-hour notice will be given before inspection, and this condition applies for the life of the animal.

REMEDY FOR NON-COMPLIANCE

It is agreed that the McCracken County Humane Society retain superior title in said animal limited to and for the express purpose of assuring the animal’s well-being and only exercise its superior claim in the event it appears to the MCHS that the proper and humane care as specified in the above provisions is not being afforded said animal in which case the animal may be taken through a Claim and Delivery proceeding.

DATED this _____ day of _____, 20_____

ADOPTING PERSON: _____

WITNESS _____

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