

**Adoption Application**

Intake Number: \_\_\_\_\_\_\_\_\_\_\_\_

Intake Date: \_\_\_\_\_\_\_\_\_\_\_\_

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_

Adoption Date: \_\_\_\_\_\_\_\_\_\_\_\_

**4000 Coleman Road**

**Paducah, Kentucky 42001**

**(270) 443-5923 www.mccrackenhumane.org**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_-\_\_\_\_-\_\_\_\_ Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 18+ years old: Yes or No

Street Address (Must have physical address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O. Box (mailing purposes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_ Cell: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? Yes or No (Circle One), if yes, by whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Housing: Own or Rent\* (Circle One) Length of time at address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*MUST SHOW CURRENT LEASE/RENTAL AGREEMENT STATING PET POLICY

Type of Housing: House Apartment/Condo Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord/Leasing Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not all housing arrangements/leases/rental agreements allow pets; what do you plan to do if your current living arrangements change and you can no longer keep the pet?

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

Do you have children living in the home? Yes or No (Circle one)

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 or No (Circle one)

 If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You may be required to provide proof of vaccination of current pets within 14 days of adoption of your new pet.**

Are all of your current pets spayed or neutered? Yes or No (Circle One)

 If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you aware that routine, preventative pet care for dogs and cats can cost between $500-$750 per year, not including food, toys, crates, etc.? Are you prepared to incur that expense?

(Circle One) Yes or No

Are you adopting a pet for (Circle one) yourself or someone else?

 \*If someone else, who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you have a fenced-in yard? (Circle one) Yes or No

 If No, how will you keep your pet under your control when outside? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do any members of the adopting household have animal allergies? (Circle one) Yes or No

 If Yes, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the animal be left alone during the day? (Circle one) Yes or No

 \*If Yes, who will take care of the animal during the day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will care for your pet when 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? (Circle one) Yes or No

 \*If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us and our adoption program?

 Friend/Family PetFinder MCHS website walk-in Facebook Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Official Use Only**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Reason for Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lease Agreement Reviewed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MCHS Staff 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 by you as the new owner. If the animal you adopted had pre-existing injuries, infections, or anything that can be justified to have medical attention, then that animal will have been evaluated by our staff veterinarian before adoption. 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 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. Upon adoption, I will have my pet 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. Procure adequate veterinary medical care as soon as possible, at my own expense, should my animal become sick or injured.
3. Provide adequate food, water, and shelter at all times.
4. Refrain from physical abuse of the animal and from otherwise treating the animal in an inhumane manner.
5. Not permit or allow this animal to be used for the purpose of experimentation, medical or otherwise.
6. Do Not allow this animal to run loose or violate any other state or municipal anti-cruelty or licensing laws, and notify the McCracken County Humane Society and other appropriate agencies if the animal is lost or believed to have been stolen.
7. 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), UNDER NO CIRCUMSTANCES are you to allow the animal to be used for breeding purposes, and you are responsible for preventing the birth of unwanted animals.
8. 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 with the terms of this contract. A 24-hour notice will be given before inspection, and this condition applies for the life of the animal.
9. If, for some reason, the adoption of my new pet does not work out, I agree to contact MCHS to discuss available options. MCHS will assess each situation on a case-by-case basis. Any animal surrendered to MCHS may incur a $25.00 fee for required testing unless the animal is up to date medically and records are provided.

**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.

By signing this adoption contract, I agree to the terms set forth and take full legal and financial responsibility for the pet I am adopting.

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADOPTING PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ADOPTING PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**