



www.Blount County Humane Society.org

865-742-3070

Adoption Contract Feline

Animals Name: _____ Age: _____ Breed: _____ Intake# _____

Adoption Fee: \$ _____ Paid by: Check# _____ Cash: _____

Adopter Information:

Name: _____ Drivers Lisc. # _____

Are you at least 18 years old? _____ Birth Date: _____

Phone: H# _____ C# _____ w# _____

Address: _____ City: _____ State: _____ Zip: _____

Alternate Contact Person: _____ Tel # _____

How many hours per day will the pet you are interested in be outside? _____

How many hours will this pet be home alone each day? _____

How many children in your home? _____ What are their ages? _____

How many other pets are in your family? _____ Are they Spayed or Neutered? _____

If not do you plan to have these pets Spayed or Neutered? _____

Name of your Veterinarian: _____ Tel# _____

When did you last visit your Veterinarian? _____

What was the purpose of this visit? _____

Have you ever had a pet that is no longer with you? (Circle one): Yes No

If yes, what happened to this pet? _____

If you do not have a Veterinarian in mind, would you like a recommendation? _____

In what type of home do you live? Apartment Mobile Home Single family home

Do you own or rent? Own Rent How long have you lived at this address? _____

If you rent, name of Landlord? _____ Tel: _____

May we contact your Landlord to verify the pet policy? Yes No

Please list 2 references that will verify that you are or would be a good pet owner:

Name: _____ Tel: _____

Name: _____ Tel: _____

Would you allow a representative of the Humane Society to visit your home? Yes No

Please initial where required.

I understand that the Blount County Humane Society makes no representation, warranty, or guarantee as to the health, disposition, breed or ultimate size of this animal because the BCHS may be uncertain as to its background. I understand that the animal has displayed no evidence of illness or health problems except as disclosed in our records. _____

The Adopter may not sell, give away or surrender the adopted animal to any person, rescue, shelter or pound without the express written permission of the BCHS. If adopter does sell, give away or surrender the adopted animal without permission they will be liable for any expenses as related to acquisition of said pet in relation to travel expenses, fees, legal expenses or any other expenses related to regaining custody of the pet. In addition a \$250 penalty will be awarded the BCHS by adopter in the event the BCHS acquires knowledge that the Adopter has sold, gave away, surrendered or placed the pet in a city or county pound. _____

I agree that my new pet will be vaccinated yearly, treated by a professional Veterinarian as necessary, including emergency medical treatment and groomed regularly if the breed requires. _____

I agree that no claim, action, demand, suit in law or equity will be brought by me against the BCHS, its agents or officers by reason of this adoption, and I hereby release BCHS, its officers, veterinarians or agents from all actions, suits, claims and demands arising from this adoption agreement. _____

PLEASE READ CAREFULLY AS THIS CONTRACT IS BINDING.

Adopter Agrees: (Please initial each line)

_____ I agree to have my pet examined by a veterinarian within 5 working days of adoption for a basic examination.

_____ I agree that I am responsible for any and all medical care once I take possession of my new pet.

_____ I agree that the adoption fee will not be refunded after 48 hours. However this adoption fee is a tax deductible donation.

_____ I agree to provide food, shelter, water, veterinary care and loving humane treatment at all times.

_____ I agree to abide by all applicable state and local statutes, laws, regulations and ordinances.

_____ I agree that my kitten/cat will be an indoor cat only and never be declawed.

While adult cats require one booster vaccination per year to protect against serious illness and disease, kittens require a series of vaccinations (4 shots spaced at 3 week intervals). To ensure that each kitten is well protected against serious illness and disease, by signing this adoption agreement, you agree to get the required series of vaccinations at the specified intervals by a licensed Veterinarian. You shall be financially responsible for all vaccinations and any other necessary medical care. _____

By signing this application, it is agreed that all statements made are truthful. This application must be approved by a BCHS Adoption Representative and such Representative reserves the right to refuse adoption at their discretion now or at the time of a home visit.

Applicant Signature: _____ Date: _____

Blount Co. Humane Soc. Representative: _____ Date: _____