



2425 North Section Street • Sullivan, Indiana 47882 • 812-268-4201

**ADOPTION APPLICATION**

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

Driver's license number: \_\_\_\_\_ Photo ID is required

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

How long at current job: \_\_\_\_\_

Please provide a veterinarian reference:

Veterinarian reference #1: \_\_\_\_\_ phone: \_\_\_\_\_

Veterinarian reference #2: \_\_\_\_\_ phone: \_\_\_\_\_

List Current Pets in Box Below:

Name:	Breed	Male/Female	Vaccinated		Spayed/neutered	
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N

Have you adopted from us before? YES NO Pets Name at adoption: \_\_\_\_\_

Have you adopted from another shelter or rescue? Organization name: \_\_\_\_\_

Have you owned a pet before? Cat Dog other \_\_\_\_\_

Staff Only: Pet Applying For: \_\_\_\_\_

Cat Dog Other: \_\_\_\_\_

Date: \_\_\_\_\_ Petpoint checked: yes no

Staff member: \_\_\_\_\_ Chip# \_\_\_\_\_

About Your Home....

Do you live in a(n)?:

House Mobile Home Apartment/ Condo Dorm Other: \_\_\_\_\_

Your home is:

\_\_\_\_\_ Owned, by you or your spouse/life partner

\_\_\_\_\_ Owned, by someone else within the house

\_\_\_\_\_ Rented directly from the owner or through a management company

\_\_\_\_\_ Rented with roommates

Other: \_\_\_\_\_

If renting, is your name on the lease? YES NO

If renting, do you have your landlord's permission to have a pet? \_\_\_\_\_

Landlord's name and phone: \_\_\_\_\_

Who shares your household?

Spouse/Life Partner Roommate(s) # \_\_\_\_\_ Boyfriend/Girlfriend

Other: \_\_\_\_\_

Are there children in the home? YES NO

If yes, how many? \_\_\_\_\_ How old? \_\_\_\_\_

Where will your pet spend most of his/her day when you are home?

indoors garage yard enclosed patio indoor/outdoor

other: \_\_\_\_\_

Where will the pet stay when he/she is home alone? indoor/outdoor (doggy- door) inside only  
run of the house crate specific room(s): \_\_\_\_\_ outside yard  
garage

other: \_\_\_\_\_

If your present relationship/ living situation were to change and you were no longer able to care for the dog, you can NOT rehome your adopted pet. A new application must be submitted and approved to transfer ownership or adopted pet must be returned to Sullivan Humane Society.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

About your Yard....

Circle all that apply:

Fenced in yard      No fenced in yard      Chain link fence height \_\_\_\_\_

Wood privacy fence      Kennel Run & doghouse (size run) \_\_\_\_\_

Invisible Fence      Perimeter Fence      Acreage: # of acres \_\_\_\_\_

Live in rural area      Live in town      Dog Park at complex

Do you have a doggie door? Yes    NO

Do you share a yard with a neighbor? Yes    No

**Please read and initial the following statements. If you do not agree, adoption may be denied.**

I will provide sufficient food, water, and kind treatment to my shelter pet. \_\_\_\_\_ initials

I will NOT attempt to remove a microchip from my shelter pet. \_\_\_\_\_ initials

I will not re-home my shelter pet without contacting THSSC for approval. \_\_\_\_\_ initials

I understand that THSSC determines animal breed and age on primary physical traits that appear to match a particular breeds characteristic and it is impossible for THSSC to confirm an animal's exact breed or mix of breeds, exact age, or animals full grown estimated size. \_\_\_\_\_ initials

I understand that THSSC has the right to perform an animal welfare check at any time regarding our adopted pet. \_\_\_\_\_ initials

I understand that HSSC reserves the right to deny or revoke my adoption application for any reason. \_\_\_\_\_ initials

I understand that if HSSC has probable cause that my adopted shelter pet is in danger or is being neglected as described in Indiana Law Code, they have the right to revoke my adoption application. \_\_\_\_\_ initials

THSSC prohibits animals adopted from their facility to live outdoors on a chain. If our adoptee is found living on a chain, THSSC will remove the animal, immediately take ownership of the animal, the contract will become null and void, and the animal will become property of THSSC.

\_\_\_\_\_ initials

**We reserve the right to refuse adoption to any applicant for any reason.**

**This questionnaire becomes part of our contract. I have read, fully understand and agree to all terms within this contract.**

**Adopters Signature:**

**date:**

## Staff member Signature:

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### Please Read and Initial the following statements:

#### Health Concerns After Adoption (SHELTER COPY)

At THSSC, we strive to adopt healthy and happy pets, **however we cannot guarantee the health of any animal**. We do not have a veterinarian on staff or additional medical equipment for extensive testing; therefore, **we require that you make an appointment with your veterinarian within the first 7 days** for a health exam. **If there are medical concerns with your newly adopted pet and you choose to treat them, we are not responsible for any charges**. **If you choose to not have the animal treated and wish to return the animal, you are welcome to do so**, but please include medical findings from your veterinarian. (Copy provided)

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#### Adopters Initials

**Wellness Check:** Most Veterinarian offices honor a free wellness check for adopted shelter pets. We have attached a certificate for your free office visit. At this time the veterinarian will evaluate the animal's health and wellbeing. This **MUST** be completed within 7 days of adoption. If an animal is seen months after adoption, it is unknown where any health concerns may have originated. (Copy provided)

#### Hold Harmless Waiver :

Adopter acknowledges and understands that the temperament, pedigree, and health of an animal may not be fully known, and does hereby **assume full responsibility for any and all actions** of, and for any personal injuries and/or damages that may be caused hereafter by or to the animal, and hereby remises, **releases and forever discharges THSSC from any claim**, loss or liability whatsoever arising from or relating in any way to the animal.

Adopter agrees that all animals on their property are current on vaccinations. They understand that there is a minimal risk for exposing their own vaccinated animals to any unknown illness/diseases and **do not hold the Humane Society responsible for any medical care their personal animals might need**.

Adopter agrees to indemnify and hold harmless THSSC from and against all claims, damages, losses, fees or costs arising from or relating to the animal, including claims for personal injuries or damages caused by the animal. (Copy provided)

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#### Adopters Initials

**Return Policy:** If, for **any reason**, your newly adopted pet does not fit into your household, **you must return the animal to THSSC**. What you have learned about the animal while in your home will help us find a more suitable home the next adoption. **We DO NOT want you to re-home, sell, post to social media, Craig's List, or free to a good home in the newspaper**. (Copy Provided)

## Adopters Initials

### Customer Copy with Health Certificate:

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## Certificate for Health Examination

(must be used or scheduled within 7 days of adoption)

Please take \_\_\_\_\_ to your choice of veterinarian for a Health Examination. Most local participating veterinarians will perform an exam for FREE on a newly adopted shelter animal. This exam should be completed within the first week of adoption. At THSSC, we strive to adopt out healthy and happy pets, however we cannot guarantee the health of any animal. We do not have a veterinarian on staff or additional medical equipment; therefore we require that you make an appointment with your veterinarian within the first 5 days for a health exam. If there are medical concerns with your newly adopted pet and you choose to treat them, we are not responsible for any charges. If you choose to not have the animal treated and wish to return the animal, you are welcome to do so, but please include all medical findings from your veterinarian.

When visiting your veterinarian for the first time with your new pet, please take the folder given to you when you adopted with your medical record, post adoption instructions and this certificate. If you, or your veterinarian, have concerns or questions, please feel free to call the shelter (812) 268-4201.

### Local Veterinarians that MAY participate

<b>oney Creek Animal Hospital</b> Dr. Staub 3263 S. 3 <sup>rd</sup> Place Terre Haute, IN (812) 234-7752	<b>Wabash Valley Animal Hospital</b> 1624 E Springhill Dr, Terre Haute, IN 47802	<b>Bloomfield Vet Clinic</b> Dr. Scott Borter SR 54 West Bloomfield, IN (813)384-4483	<b>Southgate Veterinary Clinic</b> 1925 S Old US 41 Vincennes, IN 47591 (812) 882-5656
<b>Whitman Vet Clinic</b> 1701 E. IN 54 Linton, IN (812) 847-2006	<b>Brocksmith Veterinary Associates</b> Dr. Baron Brocksmith 2812 E. SR 61 Vincennes, IN (812) 882-4484	<b>Royer Veterinary Services</b> Dr. Scott Royer 118 S. Commercial St. Worthington, IN (812) 875-8866	<b>Edgar County Veterinary Service</b> Diana Wilson, DVM 412 Augustus St Paris, IL 61944 (217) 466-6777
<b>Just Paws PetCare Sullivan</b> West State Road 154 Sullivan 812-268-2222	<b>Sullivan Animal Hospital</b> Dr. Poehlin 1435 N. Section St. Sullivan, IN (812) 268-6812	<b>Robinson Hospital for Animals</b> 10499 IL-1 Robinson, IL (618) 421-4459	<b>Casey Veterinary Service</b> Byron Shotts, DVM 1503 E. Main St. Casey, IL (217) 932-5744

