

**COLUMBUS HUMANE SOCIETY INC.
P.O. Box 742
Whiteville, NC 28472
910-640-3700**

ADOPTION APPLICATION

Fees

Dog: \$125.00 Puppies: \$150.00 Cat/Kittens Male & Female 60.00

Date:_____ Cash_____ Check_____

Fostered By:_____ Phone:_____ CAT DOG

Animal Name:_____ Age:_____ Female Male

Breed:_____ Color:_____

**Adopter's
Name:_____**

**Physical
Address:_____**

**Home Phone:_____ Cell:_____ How long at this
address_____**

**e-mail
Address:_____**

**Place of
Work:_____ Phone:_____**

**Nearest
Neighbor:_____ Phone:_____**

Adults in Household:_____ Children &

Ages: _____

Do you Own Home? _____ **Rent?** _____ **Roommate?** _____ **Live with Parents?** _____

Who is your Vet? _____ **Phone:** _____

Who will be responsible for care of animal? _____

Do you have a fenced in area at your home(if yes, please describe)? _____

Why do you want to adopt? _____

Who will take care of animal in your absences? _____

How many hours per day will this animal be left alone? _____

Where will this animal sleep at night? _____

If you move, what will you do with animal? _____

What will you do if animal does not get along with other pets? _____

What do you estimate the cost will be per month to care for animal? _____

Have you ever taken an animal to a shelter before? _____ **Why?** _____

Do you understand that adopting an animal is a lifelong (16-20 yrs.) commitment?_____

Please list previous pets below:

Breed Sex Age Spay/Neuter How long with you? Still Have? What happened to?

_____ M F ____ YES NO _____ YES NO _____

_____ M F ____ YES NO _____ YES NO _____

_____ M F ____ YES NO _____ YES NO _____

_____ M F ____ YES NO _____ YES NO _____

_____ M F ____ YES NO _____ YES NO _____

We CARE about this animal and need to check on his progress in his new home. If you don't return our phone calls and inquires, we assume that something is wrong. Do you agree to have open communication with us, return phone calls, and honestly answer our questions about this animal when we call to check on the animals well being? Initial Here_____

This particular animal has been evaluated and has the following special needs:

MUST HAVE FENCED YARD _____ NO CHILDREN HOME _____

NO OTHER PETS HOME _____ TO LIVE INSIDE HOME _____

OTHER SPECIAL NEEDS _____ MEDICATIONS _____

Description:_____

Please provide physical directions to your house:

Do you agree, if for any reason you can no longer provide a home for the animal, that you will return it to us, Columbus Humane Society, and will not FOR ANY REASON ever take the animal to an animal shelter or Animal Control ? Initial Here _____

By signing this contract you are agreeing to take proper care of this animal including proper housing, good diet, yearly vaccinations, monthly heart worm preventative, Rabies shots according to laws and all necessary veterinary care. Columbus Humane Society reserves the right at any time during the animals life to come to your property and TAKE THE ANIMAL BACK if you are found violating any part of this agreement.

You have 10 days in which to return the animal for a full refund of adoption price. After 10 days, we cannot refund any money. However, as stated above, we DO expect the animal to be returned to us if for some reason you can not keep it.

Columbus Humane Society makes no claims or guarantees about this animals temperament and is NOT liable for any future injury or damage that may be caused by this animal. We love our animals, and do not want them mistreated in any way. Love them, and they will be your friend for life. They come with no guarantee or warranty. You are responsible for this animals well being.

We STRONGLY recommend that you enroll in a basic obedience class with all adopted dogs. I certify that all above information is true and that any FALSE information will result in NULLIFYING the adoption.

We will call to schedule a home visit within the next 30 days.

Adopters

Signature _____ **Date:** _____