



CARVER-SCOTT HUMANE SOCIETY
Box 215, Chaska, MN 55318
952-368-3553

ADOPTION APPLICATION

Fill in all areas that apply. Applications must be complete.

NAME _____ DATE _____

SPOUSE'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (H) _____ (W) _____

DRIVER'S LICENSE NO. _____

ARE YOU UNDER 21 YEARS OF AGE? YES _____ NO _____ IF YES, LIST YOUR AGE _____

1) RESIDENCE House _____ Apartment _____ Condo _____ Mobile Home _____ Hobby Farm _____

DO YOU OWN OR RENT? _____

DO YOU HAVE PERMISSION FROM YOUR LANDLORD TO HAVE A PET? YES _____ NO _____

NAME OF LANDLORD _____ PHONE # _____

IS EVERYONE LIVING IN THE HOUSEHOLD AWARE OF THE DECISION TO ADOPT A PET? YES _____ NO _____

IF NOT, LIST THEIR NAME(S) AND PHONE #'S _____

WHO WILL BE THE PERSON RESPONSIBLE FOR THE DAILY CARE OF THE PET, SUCH AS FEEDING AND EXERCISE?

ARE YOU FAMILIAR WITH YOUR LOCAL ANIMAL ORDINANCES? _____

2) **DOGS ONLY (THIS QUESTION):** IS YOUR YARD FENCED? YES _____ NO _____

IF NOT, HOW WILL YOU CONFINE THE DOG TO YOUR PROPERTY? _____

DOGS ONLY (THIS QUESTION): WHAT FORMS OF EXERCISE WILL THE DOG RECEIVE? _____

DOGS ONLY (THIS QUESTION): ARE YOU WILLING *TO PAY FOR AND ATTEND* CANINE OBEDIENCE CLASSES IF NECESSARY TO ELIMINATE PROBLEMS CITED AS REASONS FOR BEHAVIORAL ISSUES? YES _____ NO _____

3) HAVE YOU EVER ADOPTED AN ANIMAL FROM CARVER-SCOTT HUMANE SOCIETY BEFORE? YES _____ NO _____

IF YES, WHEN? _____ DOG OR CAT? _____ NAME OF ANIMAL? _____

HAVE YOU EVER APPLIED TO ADOPT AN ANIMAL FROM US BEFORE? YES _____ NO _____

IF YES, WHEN? _____ DOG OR CAT? _____ OTHER _____

WILL THE ADOPTED PET (S) BE HOUSED: INDOORS _____ OUTDOORS _____ BOTH _____

IF BOTH, EXPLAIN _____

4) LIST ALL PETS YOU HAVE OWNED WITHIN THE LAST 5 YEARS:

PET #1 DOG_____CAT_____

SPAYED/NEUTERED? _____ HOUSED: (CIRCLE ONE) INDOORS OUTDOORS BOTH

IF BOTH, EXPLAIN: _____

DO YOU STILL HAVE THIS PET? YES _____ NO _____

IF NOT, WHAT HAPPENED TO THE PET? _____

PET #2 DOG_____CAT_____

SPAYED/NEUTERED? _____ HOUSED: (CIRCLE ONE) INDOORS OUTDOORS BOTH

IF BOTH, EXPLAIN _____

DO YOU STILL HAVE THIS PET? YES _____ NO _____

IF NOT, WHAT HAPPENED TO THE PET? _____

PET #3 DOG_____CAT_____

SPAYED/NEUTERED? _____ HOUSED: (CIRCLE ONE) INDOORS OUTDOORS BOTH

IF BOTH, EXPLAIN: _____

DO YOU STILL HAVE THIS PET? YES _____ NO _____

IF NOT, WHAT HAPPENED TO THE PET? _____

(IF EXTRA ROOM IS NEEDED TO LIST MORE ANIMALS, USE THE BOTTOM OF THIS PAGE OR MARGIN AREA)

HAVE YOUR OWN PETS BEEN INTRODUCED TO OTHER ANIMALS? YES _____ NO _____

IF SO, HOW DID THEY REACT? _____

DID YOUR PREVIOUS PETS OR DO YOUR CURRENT PETS RECEIVE ANNUAL VETERINARY CARE? (Example: Yearly vaccinations, feline leukemia check, heartworm tested and preventative given, etc.)

YES _____ NO _____

IF YES, VACCINATIONS THEY RECEIVED: **(CIRCLE ONES THAT APPLY)**

CATS:	PRC-C	DOG:	DHPP-C
	RABIES		RABIES
	FELINE LEUKEMIA		FECAL
	FECAL		HEARTWORM TEST-PREVENTATIVE GIVEN

NAME OF ATTENDING CLINIC _____

NAME OF VETERINARIAN _____

PHONE # _____

5) DO YOU HAVE CHILDREN LIVING IN THE HOUSEHOLD? YES _____ NO _____

IF YES, LIST THEIR AGES:

LIST ALL ACTIVITIES YOUR CHILDREN ARE INVOLVED IN OUTSIDE THE HOME: (Example: Hockey, Dance, Baseball, etc.)

WHAT IS YOUR OCCUPATION? _____

HOW MANY HOURS A DAY WILL THE PET BE LEFT ALONE? _____

ARE YOU A FREQUENT TRAVELER? _____

ON THE AVERAGE, HOW MANY EVENINGS PER WEEK DO YOU SPEND AT HOME? _____

6) DO YOU KNOW IF YOU OR ANYONE LIVING IN THE HOUSEHOLD IS ALLERGIC TO THE CAT OR DOG YOU ARE THINKING ABOUT ADOPTING? _____

IF YOU DISCOVER THAT SOMEONE LIVING IN THE HOUSEHOLD IS ALLERGIC OR DEVELOPS ALLERGIES TO THE PET, ARE YOU WILLING TO SPEND ADDITIONAL MONEY ON ALLERGY MEDICATIONS?

YES _____ NO _____

HOW MUCH DO YOU EXPECT TO SPEND IN A YEAR ON THE PET? (Example: vaccinations, heartworm check and preventative, food, boarding, grooming, etc.) **Please understand that pet responsibility is not always cheap.**

\$ _____

ARE YOU PREPARED FINANCIALLY FOR EMERGENCY MEDICAL AND/OR MAJOR MEDICAL CARE FOR THE PET?

YES _____ NO _____

WHAT DO YOU PLAN TO DO WITH THE PET IF YOU MOVE? _____

7) WHAT ARE YOUR REASONS FOR ADOPTING A PET? (CHECK ALL THAT APPLY)

Companion for me _____ Companion for children _____ Gift _____ Watchdog _____ Companion for other pet _____

Mouser _____ Hunter _____ Other _____ If other, list reason: _____

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS ACCURATE AND TRUE. I UNDERSTAND THAT ANY MISREPRESENTATION OF THE ABOVE INFORMATION MAY AUTHORIZE THE CARVER-SCOTT HUMANE SOCIETY TO DENY APPLICATION, REFUSE ADOPTION AND/OR RECLAIM THE ADOPTED PET. I UNDERSTAND THAT IF THE PET IS RECLAIMED, THERE WILL NOT BE A REFUND OF MONEY. I ALSO HAVE READ AND AGREE TO THE RETURN/EXCHANGE POLICY ON THE NEXT PAGE OF THIS APPLICATION.

SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____

CSHS REPRESENTATIVE _____ CASE# _____

CASE # _____

CARVER-SCOTT HUMANE SOCIETY
P.O. BOX 215, CHASKA, MN 55318
(952) 368-3553

RETURN/EXCHANGE POLICY

The Carver-Scott Humane Society cannot guarantee the health or temperament of your adopted animal. You are offered a free medical exam to help make that determination **WITHIN SEVEN (7) DAYS AFTER ADOPTION.**

We screen all of our animal before they are put up for adoption. However, we cannot be held responsible for their behavior after adoption.

If you return your pet for health reasons, you may do so within five (5) working days (if no free veterinarian exam has been given) or fourteen (14) days (if you receive the free veterinarian exam) from the date of the adoption for exchange.

If you return the animal and show proof of adoption, you will receive a Replacement Certificate (exchange) good for any animal of equal or lesser value, which will be honored for a period of ninety (90) days. You may also use the exchange towards a tax-deductible contribution. If you choose not to use your Replacement Certificate (exchange), that is your choice.

Refer to your adoption papers for specific information concerning the medical attention you pet has received. Please contact your veterinarian. We stress the need for the pet adoption exam and feel it is important to get the new owner and pet started in an ongoing health program.

As a new owner, in adopting any animal from the Carver-Scott Humane Society, you are agreeing to take on the responsibility of all medical bills that may arise out of the adoption of that animal. If the adopted animal becomes ill once you have taken it home, you have the choice of returning the animal to the Carver-Scott Humane Society within fourteen (14) days (if veterinarian exam was done or five (5) working days (if the free veterinarian exam has not taken place) from the date of adoption.

WE RESERVE THE RIGHT TO DENY THE ISSUE OF A REPLACEMENT CERTIFICATE IF THE REASON(S) FOR THE RETURN OF THE ANIMAL, IN OUR OPINION, IS/ARE REASONS THAT SHOULD HAVE BEEN CONSIDERED BEFORE ADOPTION, SUCH AS:

Allergies	Too Playful/Aggressive	Can't Afford
Landlord Prohibits	Ruined My Furniture	Eats Too Much
Spouse/Children Don't Want	Sheds Too Much	Not Housebroken
Not Enough Time	Too Much Work	Etc.

YOUR SIGNATURE ON THE ADOPTION APPLICATION INDICATES YOUR AGREEMENT TO ABIDE BY THESE RULES

NO CASH REFUNDS WILL BE GIVEN