



Preferred Animal Information

Type of Animal You Wish to Adopt:	Rabbit	Guinea	Chinchilla	Hamster	Other:
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Applicant Information

Full Name (include former name): Date of Birth-		
Full name of additional adults in the home: Date(s) of Birth:		
Number of children in the home: Ages of the children:		
Home Phone Number:	Cell Phone Number:	
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Email (required):	
Landlord Name and Phone Number:	Are you experienced with the type of animal you are planning to adopt?	

Other Animals in the Home

Pet Type (circle appropriate species)					Breed:	Age:	Altered?		Still Own?	
Dog	Cat	Rabbit	Guinea	Other			Yes	No	Yes	No
Dog	Cat	Rabbit	Guinea	Other			Yes	No	Yes	No
Dog	Cat	Rabbit	Guinea	Other			Yes	No	Yes	No
Dog	Cat	Rabbit	Guinea	Other			Yes	No	Yes	No
Dog	Cat	Rabbit	Guinea	Other			Yes	No	Yes	No
Dog	Cat	Rabbit	Guinea	Other			Yes	No	Yes	No

Veterinarian Information

Clinic Name	Animals Seen	Plan to use for critters?	
		Yes	No
Are you willing to take your small animal to the vet for a yearly		Yes	No

Adoption Contract- Please Initial Each Statement

_____ I am aware that LCHS cannot guarantee the health or temperament of any animal, with no exceptions

_____ I am responsible for this animal after the point of adoption; LCHS will not provide financial support or supplies for any expenses. Including, but not limited to, food, licensing, medications, medical treatments.

_____ This animal must be returned to LCHS if I am no longer able to keep it for any reason there will be no penalty or fee. Animals that are euthanized by the owner are not required to be returned to LCHS.

_____ LCHS representatives have the right to verify the condition of the animal and request relinquishment if the terms of this contract have not been met.

_____ LCHS will not provide a refund if an adopted animal is returned as the adoption fee will be considered a donation, unless the animal is returned within 7 days.

_____ The animal I have adopted will be provided with proper food, water, shelter, attention, and medical care. Vaccinations will need to be boosted annually. Dogs must be licensed through the appropriate county every year.

_____ By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in losing the privilege of adopting a pet. I understand that the LCHS has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application.

_____ Local veterinarians may offer a free health exam; it is my responsibility to contact them for more information. LCHS will not pay for any exams after an animal is adopted.

Adoption Statement: In adopting the above described animal, I do so with the knowledge that I agree to return this animal upon demand by the Lincoln County Humane Society. The Lincoln County Humane Society does not make any guarantee regarding any animal.

Name: _____ Phone: _____

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

Fee: _____ Signature: _____ Date: _____