

ADOPTION APPLICATION



PERSONAL INFORMATION

First Name

Last Name

Address

City

State

Zip Code

Phone Number

Secondary Number

Email Address

Name of pet you are applying for: _____ Who will be the primary caretaker of the animal? _____

HOUSEHOLD INFORMATION

Where do you live? CIRCLE ONE: HOUSE APARTMENT

CHECK ONE: I RENT I OWN I LIVE WITH MY PARENTS

Landlord / Parent / Apartment's Name: _____ Phone Number: _____

Number of adults living in your household _____ Number of children & their ages: _____

PET ACCOMODATIONS

Where will the animal spend most of its time?

A. Outside only B. Inside only C. Inside / Outside to potty & play D. Outside during the day / Inside at night

C. Other _____

When outside, how do you intend to confine your animal outdoors?

A. Fence B. Free Roam C. Secured by rope / lead line D. Leash E. Other _____

During inclement weather (rain / heat / cold) where will the animal be kept?

A. Outside B. Outside with shelter C. Inside only D. Inside / Outside to potty & play

How often will this pet be left alone? _____

HISTORY OF ANIMAL OWNERSHIP

Have you owned a dog before? _____ Have you owned a cat before? _____

Do you have any other pets at home? _____ If yes, what kind and how many? _____

Would you be interested purchasing Heartworm and Flea prevention? Circle one: YES or NO

Heartworm disease is a painful and debilitating condition which is very expensive to treat. The disease is spread by mosquitos and SC has one of the highest rates of heartworm disease in the United States. Over a few months, worms grow inside the infected animal's heart and ultimately cause cardiac arrest or organ failure. The condition can be prevented by including heartworm prevention with your monthly flea medication. We offer many types of heartworm prevention at a reduced cost ranging from \$6.00 - \$20.00 per dose.

I hereby certify to the best of our knowledge the statements made in this application are true. I understand if any of the information above is found to be untrue or intentionally misleading, I will relinquish my right to adopt an animal from the Greenville Humane Society. I authorize the investigation of all statements made in this application.

_____/_____/_____
Date

Applicant's Signature



To a prospective adopting party:

Please be aware that the Greenville Humane Society houses a large number of animals in our facility in order to fulfill our mission, which is to provide loving homes for homeless animals through our adoption facility. Our shelter is very full with animals, the majority of which are young puppies and kittens whose immune systems are not fully developed yet. Therefore, diseases are a major concern at the shelter even though we work to manage all illnesses to the best of our abilities. Some examples of diseases that animals may contract while at a shelter include, but are not limited to: Parvo, upper respiratory infection, kennel cough, pneumonia, Coccidia, Giardia, Distemper, Panleukopenia, intestinal parasites, fleas, and ticks. If any animal presents signs or symptoms of sickness while in the shelter, our staff will immediately isolate the animal from the other adoptable animals and begin treatment.

Therefore, it is your responsibility, upon adopting an animal, to ensure that it is in good health. We require that any animal adopted from our shelter be taken to a veterinarian as soon as possible within 10 days of the adoption (within 48 hours of adoption is strongly recommended if possible) to be thoroughly examined and tested for illness or disease by a licensed veterinarian. We provide NO warranties or guarantees regarding the health of our animals given our high-volume intake of animals, many of which have unknown histories. We do our best to provide the healthiest animals possible for adoption. We ask for your assistance by having your adopted animals thoroughly examined by a veterinarian to increase the likelihood of a successful, happy adoption. Our staff will help you as much as they possibly can to answer any questions or concerns that you may have.

By signing this, I agree that I have read and fully understand this notice and that I will be given a copy of this notice. I understand that once I adopt this animal it is MY responsibility to take this animal to a veterinarian for an examination and tests to determine the presence of any illness. Under no circumstances will I hold the Greenville Humane Society liable for any presence of symptoms of illness in the animal or veterinary bills which I may incur after I adopt the animal.

Signature

Date

GHS Representative