



1213 Brick Avenue, Red Wing, MN 55066 • 651-388-5286 • rbhspets.org

Animal Name: \_\_\_\_\_  
ID # \_\_\_\_\_

## Application for Adoption

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

What pets have you had in your household within the last 2 years?

Name	Cat/Dog/ Other	Breed	Male or Female?	Is this animal Spayed/Neutered?	Age	Do you still have this animal?

Name of your current veterinary clinic \_\_\_\_\_ Phone Number: \_\_\_\_\_

Which veterinarian do you plan to use \_\_\_\_\_

What best describes your home? (Please circle.)

Farm Rural House House in Town Townhome Apartment Mobile Home Condo Other: \_\_\_\_\_

Do you personally rent or own your home? \_\_\_\_\_ Own \_\_\_\_\_ Rent (Landlord information: \_\_\_\_\_)

Please list the names and ages of the people who will be living in the household with the animal: \_\_\_\_\_

\_\_\_\_\_

Why are you interested in this particular animal? \_\_\_\_\_

\_\_\_\_\_

Briefly describe your plans for this animal including where he/she will be kept, training, exercise, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Adoption Agreement

Our animals are available on a first-come, first-served basis. Please note that an approved application does not necessarily guarantee that a particular animal will be available at a future date/time. An approved application for one animal may not be transferable to the adoption of a different animal.

Please review the following adoption policies. After reading and agreeing, initial in the space to the left of the item.

\_\_\_\_\_ I fully understand and agree that there is a 14-day trial period in which I may return this animal to the Humane Society. I will NOT be given a cash refund but will be issued credit towards the adoption of another animal, retail, or services provided at the Humane Society.

\_\_\_\_\_ I fully understand and agree that after the initial 14-day trial period if I want to surrender the animal back to the Humane Society there will be a surrender fee and that the animal will only be accepted back if space allows.

\_\_\_\_\_ I fully understand and agree that any adoption fees paid to the Humane Society will not be refunded.

\_\_\_\_\_ I fully understand and agree that once I have adopted this animal, it becomes MY responsibility. However, if during the 14-day trial period the adopted animal becomes ill, I will contact the Humane Society immediately.

\_\_\_\_\_ I fully understand and agree that if I have concerns about the behavior of this animal I may contact the Humane Society for training resources/advice.

\_\_\_\_\_ I fully understand and agree that the animal I am adopting may not have been checked by a Veterinarian prior to adoption.

\_\_\_\_\_ I fully understand and agree that the Humane Society of Goodhue County makes no warranty or guarantees regarding this animal.

\_\_\_\_\_ I fully understand and agree that I will make no charges of any kind to the Humane Society for the licensing, food, care, veterinary, or other expenses related to this animal.

\_\_\_\_\_ I fully understand and agree that I will provide humane care and treatment for this animal including appropriate grooming, regular veterinary care, always up-to-date on vaccinations and Frontline. This can add up to several hundreds of dollars each year.

\_\_\_\_\_ I fully understand and agree that if I have any questions I will contact the Humane Society immediately.

\_\_\_\_\_ I fully understand and agree that the Humane Society has the right to refuse any adoption for any reason.

Applicant Printed Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

HSGC Staff Initial \_\_\_\_\_ Date \_\_\_\_\_