

# SMITH COUNTY ANIMAL CONTROL

## ADOPTION APPLICATION

### Applicant Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer & job title: \_\_\_\_\_  
DL # \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Animal Interested in:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

\*Please list the members in your household and the people who have regular contact with your animals, their age, and their relation to you.

Name:	Age:	Relation:

Is everyone in your household agreeable to this adoption? \_\_\_\_\_

Please list two references who are not relatives.

Name:	Phone number:	Relationship to you:

### Housing Information

I live in a: House \_\_\_\_\_ Apartment \_\_\_\_\_ other: \_\_\_\_\_ (*please explain*)

Do you: Own or Rent? \_\_\_\_\_

If you rent, do you have permission to bring and Animal(s) into your dwelling? \_\_\_\_\_

Landlord's name and number: \_\_\_\_\_

Apartment complex name & number: \_\_\_\_\_

**Please list each companion animal and their information:**

Name:	Age:	Breed:	Spayed or Neutered:	Sex:	Up to date on shots and HW Medication?

Who is your veterinarian? \_\_\_\_\_ Phone #: \_\_\_\_\_

How long have you been a client of this vet for? \_\_\_\_\_

Records are under the name of? : \_\_\_\_\_

Do any of your animal have any medical conditions? If so, please explain:

\_\_\_\_\_

Do your animals get along with other animals? \_\_\_\_\_ If not, what are some of the negative tendencies that your animal(s) have towards other animals?

\_\_\_\_\_

Do you plan to have this animal as an inside pet, outside, or both please explain:

\_\_\_\_\_

How long will this animal be alone for everyday? \_\_\_\_\_

**Would you be willing to:** (yes or no)

Train a puppy/dog how to walk on a leash? \_\_\_\_\_

Potty train a puppy/dog? \_\_\_\_\_

Crate train a puppy/dog? \_\_\_\_\_

House train a puppy/dog? \_\_\_\_\_

Teach a dog not to be mouthy? \_\_\_\_\_

Allow this animal to have enough time to adjust to a new environment? \_\_\_\_\_

Where did you hear about us?

Facebook \_\_\_ Adoption Event \_\_\_ Veterinarian \_\_\_ Friend/Referral (name): \_\_\_\_\_ other: \_\_\_

\_\_\_\_\_ (Initial) I understand that **Smith County Animal Control (SCAC)** reserves the right and sole discretion to refuse an adoption to anyone for any reason.

**TERMS OF ADOPTION:**

By signing below, I understand and agree to all of the following:

- I am at least 18 yrs. of age.
- I am not acting as a broker for a testing company, fighting ring, class B dealer, or in any other nefarious purpose. This animal is being adopted as a family companion only.
- This animal will spend the majority of its time with the family in a household environment. It will never be kenneled, crated, or tethered for more than a few hours per day or a reasonable time period.
- I will provide proper nutrition, clean water, exercise, grooming, love, and veterinary care. I will continue needed medical treatment if needed and will keep animal on heartworm preventative, flea and tick preventative, as well as annual shots and Rabies vaccinations.
- If my animal is unaltered at the time of adoption, I will not breed it and will have it spayed or neutered within my 30 days of adoption. The only exception to this is if the animal is too young. The animal will have to be spayed or neutered @ 6 months old. Proof of sterilization must be sent to SCAC. Or a Citation will be written for failing to provide required documentation.
- I also agree to notify SCAC of any changes in contact information or address with 30 days of making a change.
- SCAC has the right to repossess said animal if the terms of this contract are not met, or if the adopter has misrepresented themselves and/or the type of environment the animal will live in. The adopter will pay all legal fees if court action is needed to repossess said animal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

In consideration in adopting a dog from SCAC, I hereby release, waive, discharge and covenant not to sue SCAC, its officers, servants, agents, volunteers and employee.

By signing this agreement, I acknowledge that are potential risks and hazards connecting with adopting a dog. I hereby elect to voluntarily assume and accept all responsibility for adopting and caring for this dog.

I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by me, or any loss or damage to property owned by me, as a result of adopting a dog from SCAC.

I further hereby agree to indemnify and hold harmless SCAC from any loss, liability, damage or cost that may incur due to this adoption. It is my express intent that this Release shall bind the members of my household.

- A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
- B. No oral representation, statement or inducements, apart from the foregoing written agreement, have been made.
- C. I am at least (18) years of age and fully competent; and
- D. I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Smith County Animal Control Witness:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_