

**ADOPTION
APPLICATION**

Shelbyville-Bedford County
Humane Association
P.O. Box 391
Shelbyville, TN 37160
(931) 684-KIND (5463)

Welcome to the Shelbyville-Bedford County Humane Association's adoption center. We are glad that you have come to us to adopt your new pet.

The following information will help us assist you in the selection of your new pet. The animal's welfare is our foremost consideration. The consulting process is designed to help us determine if the adoption is in the animal's best interest. It also helps us find the right animal for your lifestyle.

The animals available for adoption come to us from a variety of sources. Their health is monitored, but there is always the chance that an animal is incubating a disease without showing any clinical signs.

In order to be considered as an adopter, you must:

- Be 18 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord
- Be able and willing to spend the time and money necessary to provide medical treatment, proper training, and care for a pet.

Please print the following information:

NAME _____ Date _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

**THE SHELBYVILLE-BEDFORD COUNTY HUMANE ASSOCIATION
RESERVES THE RIGHT TO REFUSE ADOPTION TO ANYONE. NO
ANIMAL WILL BE ADOPTED TO PERSONS HAVING AN EXTENSIVE
HISTORY OF LOSING, GIVING AWAY, SELLING, OR HAVING
ANIMALS INJURED OR KILLED BY MOVING VEHICLES. NO ANIMAL
WILL BE ADOPTED TO PROSPECTIVE OWNERS WHO MISLEAD OR
FAIL TO PROVIDE ACCURATE INFORMATION ON THE ADOPTION
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Please print the answers to the following questions, then sign and date the application at the very end.

The completed application will be reviewed by our adoption counselor.

1. What kind of pet do you want to adopt?

 Dog Puppy Kitten Other
(Specify)_____

2. Why do you want a pet?

3. Do you have any preference as to breed type, sex, age, size, length of hair, etc?

 No Yes
(Specify)_____

4. Is this your first experience with a pet?

 No Yes

5. What pets currently live in your household?

Name _____	<i>Type</i>		<i>Spayed/Neuterd</i>		<i>Kept Where?</i>		<i>Age</i> _____
	Dog	Cat	Yes	No	In	Out	
Name _____	Dog	Cat	Yes	No	In	Out	_____
Name _____	Dog	Cat	Yes	No	In	Out	_____
Name _____	Dog	Cat	Yes	No	In	Out	_____
Name _____	Dog	Cat	Yes	No	In	Out	_____

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6. List the pets you have owned in the past 5 years other than those listed above.

<i>Type</i>		<i>Spayed/Neuterd</i>		<i>Kept Where?</i>		<i>Age</i>
Dog	Cat	Yes	No	In	Out	_____
Dog	Cat	Yes	No	In	Out	_____
Dog	Cat	Yes	No	In	Out	_____
Dog	Cat	Yes	No	In	Out	_____

7. Who is your veterinarian? _____
Phone _____

8. Where do you currently live?

House Apartment Condo Mobile Home Duplex

9. Do you Rent Own? *If you rent, does your lease allow pets?* Yes No

10. If you rent, what is your landlord's name? _____
Phone _____

11. How long have you lived at the above address? _____

12. How many people live in your household? _____

13. Do you, or does anyone living in your household, have any known allergies to animals?

Yes No

If yes, to what kind (s) of animals and how severe is the allergy?

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- 14. Who will be responsible for the care of this pet? _____
- 15. Where will this pet be kept during the day? _____
Night? _____
- 16. How many hours will it spend alone without human companionship? _____

- 17. Where will it be kept when alone? _____

- 18. Do you plan on spaying and neutering your pet? Yes No
- 19. How did you hear about our adoption services? _____

- 20. **Animals adopted through the Shelbyville-Bedford County Humane Association MUST be spayed or neutered.** Please initial here to indicate that you are aware of this policy and agree to do this if the animal you wish to adopt has not already been through this procedure. _____

DOG ADOPTIONS ONLY

- 21. Do you want the dog for a: (check all that apply)
House pet Guard Dog Watch Dog Companion Gift

Company for Other Pet Other (specify) _____
- 22. Do you have a fenced yard? No Yes (If yes, how high is the fence?)

- 23. Do you realize that you will probably have to housetrain your new puppy or dog?

Yes No

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24. Are you familiar with the leash and licensing laws in your community?

Yes No

25. What will you do if your dog chews furniture or shows other destructive behavior? _____

26. Are you familiar with crating? Yes No

If yes, what are your feelings about it? _____

27. Do you plan to take your dog to obedience training classes? Yes No

28. Are you familiar with heartworm disease? Yes No

29. How will you keep your dog confined to your property? (Check all that apply)

In House Kennel Fenced Yard Patio Garage

1. I hereby acknowledge receiving the above described animal
2. I agree to provide proper food, water, adequate shelter, and kind treatment at all times.
3. I agree to take the animal to a veterinarian for examinations and immunizations as needed; and to procure immediate veterinary care, *AT MY OWN EXPENSE*, should the animal become ill or injured.
4. I agree not to allow the animal to breed and to spay or neuter any unaltered animal in accordance with the terms of the Sterilization Contract.
5. I agree to license the animal in compliance with the laws and ordinances in force in the municipality in which I reside.
6. I agree to notify the SBCHA if I decide at any time that I can no longer keep the animal.
7. I agree not to allow the animal to be used for medical or other experimental purposes.
8. I have read this section. I have had it explained to me and I completely understand and accept the rights and obligations involved.
9. I understand that the SBCHA cannot guarantee the health, temperament, or training of the above described animal and hereby agree to release SBCHA from all liability once the animal is in my possession.
10. I further understand that I may have to give up custody of a stray animal if it is claimed within thirty days of my adoption by the former owner.

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REMEDY FOR NON-COMPLIANCE: It is agreed the SBCHA retains superior title in said animal limited to and for the express purpose of assuring the animal's well-being and will only exercise its superior claim in the event it appears to the SBCHA that the proper and humane care as specified in the above adoption provisions is not being afforded said animal, in which case the animal may be taken through a Claim and Delivery proceeding.

SIGNATURE OF ADOPTER

SIGNATURE OF STAFF/VOLUNTEER

DATE

YOU PROMISED TO TAKE CARE OF ME



**I don't understand the
"if I can afford it" part.**

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CAT ADOPTIONS ONLY

Do you want the cat for a : (Check all that apply)

House Pet Mouser Companion Gift Company for other pet

Other
(specify) _____

Will this cat be allowed outdoors? Yes No

If yes, under what
circumstances? _____

Do you plan on having your cat declawed? Yes No

What will you do if your cat claws furniture or shows other destructive
behavior? _____

I certify that all of the above information is correct

Signature _____
Date _____

-----**FOR SHELTER USE ONLY—DO NOT WRITE BELOW THIS LINE**-----

Adoption review record _____
Caution File _____
Landlord Approval _____
Residence Check; Driver's License _____
Veterinary References _____
Approval _____
Restrictions _____
Adoption Counselor _____