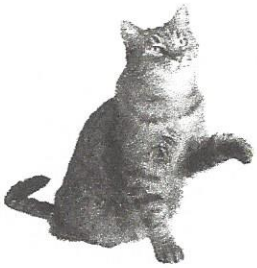
Alcona Humane Society



457 West Traverse Bay Rd.
Lincoln, MI 48742
989-736-7387
alconahumanesociety.org

Adoption Policy

1. No animal will be released for adoption unless deemed healthy by the Shelter Manager.
2. Animals will not be adopted to persons who have had repeated contact with Animal Control Officer or Court because of neglect or abuse issues; nor to persons who have not completed previous adoption contracts with AHS or who have surrendered an animal to AHS or another shelter.
3. Animals will not be adopted out that are to be given as gifts, except those from a parent or legal guardian to a domicile minor child.
4. Kittens under five (5) months of age and small dogs less than 15 lbs. will not be adopted out to households with children under four (4) years of age. NO EXCEPTIONS
5. Animals will not be adopted out during the week of Christmas. "HOLD" certificates will be given and the adopting person can come back and redeem the certificate after Christmas.
6. All cats and dogs adopted must be kept as indoor pets only, unless approved by Shelter Manager.
7. No animals will be adopted to outside-only homes unless approved by the Shelter Manager.
8. Animals will not be adopted to minors. Adopter must be 21 years of age or older.
9. All animals in the home must be spayed or neutered. All current and previous animals must be or have been kept up to date on all vaccinations AND you must have an established veterinarian.
10. All residents of the home must agree and be informed of the adoption.
11. Adoption application must be completed before adoption can proceed.
12. AHS will hold an animal for 24 hours with total adoption fee and a completed application.
13. Before any animal is fully adopted, a trial period of two weeks will be issued. The total adoption amount will be collected, processed and NON-REFUNDABLE after two weeks. If the animal is returned to AHS within the two week trial period, the total adoption amount will be refunded within ten (10) days after the animal is returned.
    Exception: No refunds will be given on puppies, unless approved by the Shelter Manager.
14. All landlords will be informed about the adoption by AHS before the animal is to leave AHS.
15. False information on this form will result in the adoption being declared null and void with the animal to be returned to AHS upon notification.
16. **Filling out this form does not guarantee an adoption will be approved. We reserve the right to deny any application without reason.**

_____ _____

Signature of Adopter(s) Date

_____

Print Name(s)

13. Have you had a dog die on your premises of parvo or unknown causes within the past 3 months? _____

14. Have you had a cat die on your premises of distemper, leukemia or other unknown causes in the past 3 months? _____

15. Do you own any pets at the present time? _____

16. Are they spayed or neutered? _____

17. Are their vaccinations up to date? _____

18. Please list the name of your Veterinarian: _____

    Please sign below for authorization to speak with your veterinarian regarding your current animal(s) vaccination and medical records.

19. Will your new pet live inside? _____ Or outside? _____

20. Is there a yard available? _____ Fenced? _____

Signature of applicant: _____

Please print name: _____

Date: _____ AHS Adoption Specialist: _____

Application taken orally during interview: _____ Interviewers initials: _____

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Adoption Application

Name _____ Date _____

Address _____ Apt# _____

City/State/Zip _____ _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

The person(s) interested in adopting a companion animal from our shelter must complete this questionnaire. Please do not consider it an invasion of your privacy. We at the Alcona Humane Society try to match you and our pets with a permanent, suitable home. The animal(s) you are interested in must live at the above residence. The Adoption Coordinator will call your veterinarian and landlord. This is vital information required before an adoption can proceed.

1. How long have you lived at the above address? _____
2. What is your occupation? _____
3. What is your date of birth? _____
4. Are you interested in adopting this pet for yourself? _____
5. Do you live in a house, condo, apartment, mobile home, with parents? _____
6. Do you rent? _____ If so, do you have a lease? _____

   Landlord permission must be obtained prior to adoption.

   Please list landlord's name and phone number: _____
7. What are the ages of the children in your household? _____
8. Will your new pet be indoors at all? _____
9. Are there any elderly or disabled persons that live in your household? _____
10. Have you ever adopted a pet from AHS or another shelter? _____

    If so, when? _____ Where is the pet now? _____
11. How many dogs and/or cats have you owned in the past five years? _____
12. If you no longer have pets, what happened to them? _____

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Adoption Agreement

Please read carefully before signing: **AHS Case ID** _____

Adoption of an animal is a serious responsibility. The guardian(s) must be capable of morally, physically and financially accepting that responsibility.

This contract is entered into by Alcona Humane Society and _____ ("Adopter"). In adopting the animal described below, adopter agrees to comply with the following policies of the Alcona Humane Society.

I/we hereby acknowledge adopting the cat/dog named " _____ "

I/we promise to give _____a loving, forever home with lots of hugs and belly rubs.

I/we agree to provide proper food, water, shelter and kind treatment at all times.

I/we agree to take the animal to a veterinarian for examinations and immunizations as needed and to seek immediate veterinary care, at my/our own expense, should the animal become ill or injured.

I/we understand that after a trial period of two weeks following the adoption, if the animal has not been returned to the shelter, AHS has the right to finalize the adoption and no refund will be given after that time.

I/we understand that the AHS cannot guarantee the health, temperament or training of the adopted animal(s) and hereby agree to release and hold harmless the AHS from any and all liability for any accidents or injuries, which may arise out of my/our adoption or caring for these animal(s).

Signatures of Adopter(s) and date:

_____ _____

Print Name(s): _____ Phone: _____

Adopter's Address: _____

Canine:___ Feline: ____Sex: _____Altered:____Age:_____ Breed/Color:_____

Adoption Fee: _____ Spay/Neuter Deposit: _____ Donation_____

AHS Employee Signature/Title: _____

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Health Guarantee & Return Policy

The Alcona Humane Society claims no liability in the health of our pets if they were to become ill. However, if the animal were to become sick within our two week trial period, the animal can be returned and your full adoption fee will be refunded within ten (10) days.

If for some reason after the two week trial period is over and you decide not to keep the animal, it MUST be returned to Alcona Humane Society.

Signature: _____ Date: _____