



HAMPTON COUNTY ANIMAL SHELTER
460 CEMETERY ROAD,
VARNVILLE SC. 29944
Phone: 803-914-2269

ADOPTION APPLICATION

Dog / Puppy / Cat / Kitten

Case # Micro-Chip #

Pet's name

Please fill out this form completely. If the question does not pertain, then please write N/A - (not applicable).

Name Date

Address City Zip

Home Phone Cell Phone

Email address

How did you hear about us: Pet-finder Dog park Other

Please **circle** choices.

Is this pet for yourself or someone else?

Are you aware adopting a pet is a commitment for the life of your pet: Yes No

Do you live in a house, apartment or condo/townhouse?

Do you own/rent your home?

If you rent, are you willing to provide written proof stating ability to have a pet? Yes No

Do you live alone or have others living in your apartment/house?

Ages in household?

Do you or anyone who will be living with a new pet have any allergies to animals? Yes No

Do you currently own any pets? Yes No How many?

Are your pets friendly to other pets? Yes No

Are your pets (dogs/cats) spayed/neutered: Yes No

Have you ever returned or taken your own pet to a shelter? Yes No

If yes, please explain:





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What happened to your previous pets (if any)?

If you had to move, would you make sure the new place would accept your pets? Yes No

Are you willing and committed to take full responsibility for the medical care of this pet (shots are up to date, annual vet visits, emergency vet if needed, medications if needed, appropriate recommended diet...)? Yes No

Are you willing to accept and take full responsibility for training the pet if it has some behavior issues (biting, litter-box or pet pad training, scratching, etc...)? Yes No

What type of disciplinary action do you use to correct a pet's behavior?

Are you aware certain breeds require regular grooming and may require additional costs for care? Yes No

Are you willing to give a rescue cat **adequate time to adjust** to his/her new home (could take months)

Yes No

Will you be able to afford and are you willing to commitment to paying annual routine medical care AND emergency or chronic care your pet may require in the future: Yes No

May we visit your home? Yes No

Where will the pet spend the majority of the time? _____

When you are not home, where will the pet be kept: _____

Who will be the primary person responsible for the care of the pet? _____

Who is your current Veterinarian? _____ Phone number _____

Is there anything else you would like for us to consider as we review your application?

I affirm that the information provided is true and correct to the best of my knowledge.

Signature _____ Date _____

Please print name here _____





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Animals Name: _____

Breed: _____
Sex: _____

Age: _____
Color: _____

Please read the following CAREFULLY before signing: Initial

I understand that I am entering into a binding contract between me and Hampton County Animal Shelter ("HCAS") for adoption of a rescue animal. I have read this entire contract CAREFULLY before signing it.

1. I agree that this animal is being adopted as a family pet. I agree to provide this animal with proper food, water, shelter and necessary veterinary treatment. _____
2. This animal has received a rabies vaccination, five-way shot, worm medication (NOT FOR HEARTWORM) treated for fleas/ticks and received a micro-chip for identification, but I understand that (HCAS) is not making any representations or warranties regarding the animal's health, physical condition, or age. I understand that veterinary problems may arise with this animal, including serious illnesses requiring emergency care or surgery, that those problems are my responsibility and that I will bear all related costs and will provide the proper veterinary care to the animal in a timely manner. _____
3. If I have adopted an animal that has not yet been spayed or neutered, I understand that the adoption fee includes this operation and it is **MANDATORY** that it be performed. I agree that I will make an appointment with (HCAS) to have this animal altered. I will pay to (HCAS) the adoption fee for the spay or neuter operation if I bring the animal to (HCAS) veterinarian, but I will be responsible for the expense If I have a different veterinarian perform the operation it will be at the adopters cost. If the animal is spayed or neutered by someone other than (HCAS) veterinarian, I will give (HCAS) a copy of the spay/neuter certificate before the animal is legally mine. And adoption fees paid to the (HCAS) is non refundable.
4. I agree that (HCAS) may make a visit at a mutually convenient time to ascertain that all of the above conditions are being satisfied. If (HCAS) contacts me to inquire about the animal, I agree to make a good faith effort to return (HCAS) call as soon as possible. _____
5. If I change my address or telephone number, I will notify (HCAS) within three (3) weeks of my new address and/or telephone number. _____
6. If I can no longer keep the animal, I will notify (HCAS) IMMEDIATELY and will work with (HCAS) to place the animal in an approved home. However, I understand that the adoption fee is non-refundable. I fully understand that if I surrender my adopted pet or any other pet to the (HCAS) I will pay a \$25.00 surrender fee for each pet.
7. I understand that (HCAS) may reclaim the animal if, in its opinion, any of the above conditions are not being met. I understand that I will be liable for any fees and costs incurred by (HCAS) arising out of the enforcement of this contract. _____
8. I understand that (HCAS) is not making any representations or warranties about the animal's temperament or behavior. I acknowledge and agree that (HCAS) is not responsible for any injury, damage, or harm caused by this animal, and I hereby release (HCAS) from any and all liability for any injury, damage, harm, expense or liability I incur relating to this animal. I also agree to indemnify (HCAS) from any and all such claims and to pay, without limitation, any costs related to such injury, damage, or liability, including, in the case of litigation, any attorneys' fees incurred by (HCAS) in its defense. _____
9. I understand that the *non-refundable adoption fee* is \$_____. This contract is intended to be a complete statement of the understanding between (HCAS) and me, and this contract may not be modified except in writing and signed by both parties. _____

NAME: (Please print) _____ DRIVERS LICENSE #: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

SIGNATURE: _____ TELEPHONE#:_____ Email _____

HCAS STAFF SIGNATURE: _____ DATE: _____

