

Hawk Creek Animal Shelter
P.O. Box 709 250 28th ST SW Willmar, MN 56201
320-235-7612

ADOPTION APPLICATION/QUESTIONNAIRE DEPOSIT

SORRY WE DO NOT ACCEPT CHECKS

THERE IS A \$20.00 ADOPTION APPLICATION/QUESTIONNAIRE DEPOSIT THAT MUST BE PAID AT THE TIME YOU SUBMIT THE PAPERWORK. THIS DEPOSIT FEE IS REQUIRED FOR EACH ANIMAL THAT YOU WISH TO ADOPT. WE PREFER CASH FOR THE DEPOSIT. If you choose to use CREDIT OR DEBIT CARDS Your card will be swiped once for the entire adoption fee.

WHEN THE ADOPTION APPLICATION IS APPROVED THIS \$20.00 DEPOSIT WILL BE DEDUCTED FROM THE ANIMAL'S ADOPTION FEE.

NAME OR ID # OF THE ANIMAL THAT YOU ARE ADOPTING _____

ADOPTION FEE: _____

DEPOSIT FEE: _____ CASH DEBIT/CREDIT CARD

BALANCE DUE AT THE TIME OF PICK UP: _____

____ IF YOU BACK OUT OF THE ADOPTION, OR IF YOU WERE UNTRUTHFUL ON YOUR APPLICATION, YOUR \$20.00 WILL BE FORFEITED. If you paid by credit/debit card, we will refund the adoption fee less the \$20.00 deposit fee.

____ WE CAN ONLY PUT A HOLD ON THE ANIMAL YOU HAVE APPLIED FOR FOR 4 DAYS. AFTER THAT TIME PERIOD THE \$20 YOU HAVE GIVEN THE HSKC WILL BECOME A DONATION.

____ IF THE ADOPTION DOES NOT GO THROUGH DUE TO CIRCUMSTANCES BEYOND YOUR CONTROL, IT WILL BE DECIDED BY THE SHELTER MANAGER IF YOUR FEE IS REFUNDED. IF YOU ARE THE SECOND OR THIRD PARTY INTERESTED IN ADOPTING THE SAME ANIMAL AND IT GOES TO THE PERSON AHEAD OF YOU OR IF THE ANIMAL IS CLAIMED BY ITS' OWNER THE \$20 FEE WILL BE REFUNDED.

____ BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU UNDERSTAND THE TERMS OF THIS APPLICATION DEPOSIT. IF YOU HAVE ANY QUESTIONS, PLEASE ASK BEFORE SIGNING.

____ ******** PLEASE ALSO NOTE THAT IF YOU RETURN A PET WITHIN 30 DAYS, YOUR MONEY WILL NOT BE REFUNDED BUT THAT YOU WILL BE GIVEN A VOUCHER THAT IS VALID FOR 90 DAYS THAT YOU CAN USE TOWARDS THE ADOPTION OF ANOTHER ANIMAL OF EQUAL OR LESSER VALUE. IF YOU HAVE QUESTIONS, PLEASE ASK.

SIGNATURE OF ADOPTER: _____

HSKC STAFF: _____ DATE _____

UPDATE: May 23, 2011



Humane Society of Kandiyohi County Adoption Questionnaire

DATE: _____
APPROVED: _____
Y N
CALLED: _____
Y N
PICK UP: _____

All lines on this application must be completed or the application will automatically be denied for insufficient information. The reason for this questionnaire is to help you in your decision to adopt a pet.

PLEASE PRINT CLEARLY

Date of Application: _____
Name: _____ Home Phone: _____
Mailing Address: _____ City _____ State _____
Zip: _____ Cell phone _____ Work phone : _____
EMAIL ADDRESS-Print clearly: _____
Name/ID of Pet interested in: _____

Animal Desired: () Dog () Cat () Other

Reason for adopting this animal.

Companion For children Mouser Gift Hunting Guard Dog Other
Size of dog desired: () Small (under 25 lbs) () Medium (25-55 lbs) () Large (over 55 lbs)
Type of cat desired: () shorthair () longhair ()special breed () declawed

HOW DID YOU FIND OUT ABOUT THIS PET OR OUR SHELTER?

NEWSPAPER TV INTERNET FRIEND OTHER _____

Lifestyle/Family

Provide the following information for all members of your household.

| Name | Age | Relationship |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |

Does anyone in your family have allergies to dogs or cats? _____ If you have to return a pet due to allergies, you will only receive a voucher for another pet, no money is refunded.

Housing:

Do you own? _____ Or rent your home? _____
Do you have landlord's permission for an animal? _____

*Landlord's Name & Phone # _____

Please circle type of home:

Single Family Home Apartment Mobile Home Duplex Townhome/Quad Condo

If renting, are animals allowed? _____

Are there any restrictions? (size, type, etc.) _____

Do you plan on moving in the next 6 months? _____

If you are adopting a dog, Do you have home owners insurance to cover high risk dogs (Rottweilers, German Shepherds , Pitbulls, Bully Breeds, if that is the type of dog you are adopting ? _____ If you are unsure, please check your insurance policy.

OVER

Environment:

Will this animal be primarily indoors or outdoors? _____

What is the maximum number of hours this animal will be left alone at one time? _____

How will this animal (if a dog) be confined outdoors? (i.e. fence, kennel, tie out) _____

What is the size of this area? _____

Do you know your city ordinances?

Please list all animals you've have/ had within the past 5 years.

| Pet's Name & Species | Owned for how long? | Age | Where Was it kept Indoors/Outdoors? | What happened to the pet? |
|----------------------|---------------------|-----|-------------------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Are all of your animals spayed/neutered? Yes NO If not, why?

****We ask that your personal pet(s) are current on vaccinations so that they are not susceptible to diseases that might be transmitted animal to animal and that they are spayed or neutered before another pet is placed in your home. We recommend that cats be vaccinated for Distemper -Respiratory and Dogs have a current Distemper-Parvo and an Intranasal BORDETELLA- Kennel cough vaccination. Both Dogs and Cats should have a current Rabies Vaccination.

References:

What veterinary clinic do you use? _____

Who is your primary veterinarian? _____

Can we call them? Yes No

IF NO VETERINARIAN- PLEASE LEAVE ANOTHER NAME OF A PERSON WHO HAS KNOWN YOU FOR AT LEAST 2 YEARS AND KNOWS HOW YOU DO OR WOULD CARE FOR YOUR ANIMALS: Name: _____

daytime phone # _____

Primary Responsibilities: Who will be responsible for the following?

Feeding:

Housetraining:

Cleaning up exercise area & how often:

Taking for walks:

Grooming:

Terms & Agreement for Adoptions From Humane Society of Kandiyohi County

*I certify that the information I have given is true and complete. Permission to have animals on rental property is provided in writing if I am renting. By signing this agreement all the above information is true & correct. If I falsify any information I will be held responsible for bringing the animal back to the HSKC and forfeit any money I have paid. Any follow-up, medical treatment, heartworm preventative or vaccinations are done at the new owners expense. ****Please also note that if you return your adopted pet you will be given a voucher for the amount paid that can be used towards the adoption of another animal with an adoption fee that is the same or a lesser value, PLEASE ASK IF YOU HAVE QUESTIONS.*

Applicant's signature: _____ Date: _____

(UPDATED 7/11/2009)

HAWK CREEK ANIMAL SHELTER
ADOPTION POLICIES/FINAL CONTRACT

Please review the following adoption policies and information. After reading each item, place your initials in the space next to the item.

_____ **This is a Rescue Animal.** The Humane Society of Kandiyohi County/ Hawk Creek Animal Shelter (HSKC/HCAS) has limited or no knowledge of the animal's previous environment and therefore, the HSKC/HCAS is not responsible for the temperament or health of this animal, other than as specifically set forth in this contract. I certify that I have never been charged with or convicted of animal abuse or neglect in the state of Minnesota or any other state or country. I agree to contact HSKC/HCAS if I change my address, phone number(s) or work information. I have read this Contract and agree to be legally bound by its Provisions. The adopter accepts full legal responsibility for this animal and its actions. The adopter agrees that they will bring no claim or action against the HSKC/HCAS, its officers or agents by reason of this adoption or any action of this animal. Please note: By signing this form you agree that You are at least 21 years of age. The HSKC/HCAS Reserves the right to refuse adoption of any animal to any person.

_____ **FREE PHYSICAL EXAMINATION:** All of the animals at the shelter have been given a general physical examination. We provide routine testing on all cats and kittens for viruses such as Feline Leukemia and FIV. All dogs have been checked for heartworm disease. The HSKC/HCAS encourages you to take your new pet and free exam coupon to the participating veterinarian within the next 14 (fourteen) days for a free follow-up exam. This exam *does not* include tests, x-rays, additional vaccinations or other medical work.

_____ **FREE MICROCHIP IMPLANT:** All cats and dogs have been implanted with a microchip for identification purposes. The microchip provides a permanent, positive identification should your pet become lost. Please do not transfer ownership without contacting the HSKC/HCAS as the chip is registered in your name.

_____ **VACCINATIONS and OTHER MEDICAL PROCEDURES:** Your new pet was given its' first set of vaccinations, dewormer, flea preventative and* heartworm preventative. Your new pet may not have been old enough or here at the shelter long enough for any booster shots, 2-nd deworming or Rabies shot. Your Veterinarian may recommend booster shots, more dewormer, flea/tick preventative, heartworm preventative or dental work, which will be your financial responsibility.

_____ **SPAY AND NEUTER** – We try to get all animals spayed or neutered before they leave the shelter. If your new pet was not old enough or we were unable to schedule the appointment before they left the shelter you will be given a coupon to use at area Veterinarians to have this done. The Veterinary Clinics will bill the HSKC. If you are not from the local area and the pet leaves unaltered, it will be your responsibility to have this procedure done. Please talk to the Director of Animal Care regarding your options.

_____ ******* ANIMAL RETURN POLICY:** All pet adoptions are given a thirty (30) day trial period. Adopters returning a pet during the 30-day trial period will receive a replacement certificate/voucher. No cash refunds or charge credits will be given for returned animals. The voucher is valid for ninety (90) days towards the adoption of one other animal of equal or lesser value. Please think about your adoption decision carefully and thoroughly! A pet is a lifetime commitment. The cost incurred by the HSKC/HCAS in making an animal available for adoption is always greater than the adoption fee itself. If you choose a replacement animal that is less than the amount of your certificate, the difference will be considered a donation and will be used to help offset some of our costs. If you choose a replacement animal that is more than the amount of your certificate, you will be expected to pay the difference. If you choose to surrender this pet at a later time, you will be asked to pay a surrender fee.

_____ **NO CASH REFUNDS**-No cash refunds or credit card credits will be given for returned animals. Please think about your adoption decision carefully and thoroughly! A pet is a lifetime commitment.

_____ **QUARANTINE PERIOD:** We strongly advise you to keep your newly adopted pet isolated from your existing pets until your veterinarian confirms its health. The HSKC is unable to treat pets currently in your home, which may have been exposed to illness from your new pet.

_____ **SICK ANIMAL POLICY:** If your new pet becomes ill within the first 7 days you will be given two options. One is to return the animal to the shelter for a replacement pet. The second is to have the animal treated at your expense. You may be able to use the free Pet Insurance that is provided for the first 30 days. **YOU MUST PROVIDE US WITH YOUR EMAIL ADDRESS FOR THE POLICY TO BE ACTIVATED.**

_____ **OWNERSHIP:** As the new owner, you agree to take full responsibility for the care and well being of this pet for its lifetime. Once the adoption is finalized you will be responsible for all medical bills and decisions regarding this animal. The adopter agrees to provide adequate food, water and shelter. The HSKC/HCAS asks that you not keep a dog chained out 24 hours a day 7 days a week, or allow any animal to roam and become a nuisance. The adopter will abide by their local community's animal ordinances. If a complaint is received regarding this pet, the HSKC/HCAS reserves the right to investigate the complaint. The adopter accepts full legal responsibility for this animal and its actions. The adopter agrees that they will bring no claim or action against the HSKC/HCAS, its officers or agents by reason of this adoption or any action of this animal.

PLEASE PRINT YOUR NAME, DATE AND SIGN BELOW.

PLEASE PRINT YOUR NAME

YOUR SIGNATURE

Date

HUMANE SOCIETY OF KANDIYOHI COUNTY ADOPTION POLICIES AND CONTRACT

Please read each policy carefully and initial each one. It is your responsibility to fully understand each policy. Please ask if you have any questions.

The Humane Society of Kandiyohi County (HSKC) reserves the right to refuse adoption to any person. **EXAMPLE:**

Landlord denial; excessive numbers of animals; not having proper vaccinations/veterinary care for other animals, for not providing basic care or shelter to this animal or to those in your care or for giving false information on the questionnaire.

* ___The adopter should be familiar with the animal ordinances enforced in your community including licensing and leash law requirements.

* ___Keep this pet current on needed vaccinations and general routine exams per their Veterinarian’s recommendations. If this pet *has not* been spayed or neutered before leaving the shelter, the adopter agrees to take it to a Veterinary Clinic that partners with the Humane Society of Kandiyohi County to have the procedure done.

* ___The Adopter will provide animals with fresh, non/frozen water at all times, proper nutrition, adequate shelter from the elements when outside and daily exercise. The adopter agrees to spend quality time with the pet. The adopter will keep the pet from roaming. We prefer that the animals not be kept tied 24 hours a day-seven days a week. If the adopter is unable to contain the animal with proper shelter, the animal will be returned to the shelter within 30 days for a voucher . After the 30 days the adopter will need to pay a surrender fee for the HSKC to house the animal until a new owner can be found.

* ___The Adopter agrees that he/she will bring no claim or action against the HSKC, its officers or agents by reason of this adoption or any action of this animal.

* ___The Adopter accepts full legal responsibility for this animal and its actions.

* ___ If the adopter is unable to keep the animal, there should be no transfer of ownership until the HSKC has been notified so that the microchip number and information can be transferred.

* ___The Adopter agrees to allow HSKC and its representatives to inquire about the animal at any reasonable time.

* ___If a complaint is received, the HSKC reserves the right to remove the animal from the property immediately and without formal notice and adopter agrees that any further rights to this animal will automatically be waived. The animal will then be considered the sole responsibility of the HSKC and the adopter agrees that at no time will the animals be returned to the adopter, friend or family member.

* ___******There will be an adjustment trial period of 30 days. People returning an animal within the 30 day trial period will not be refunded their money but will receive a voucher for another animal of equal or lesser value. For more information please ask a HSKC representative.**

* ___The adopter will accept the animal in an “as is “ condition. There is no warranty on this animal. If your Veterinarian finds a life threatening condition in this animal that was present at the time of adoption, the adopter may exchange this animal for another pet of equal or lesser value, or the adoption fee will be refunded, provided **written documentation** is provided **from your Veterinarian** and this animal is returned **within 7 business days**. If there is no written documentation from a Veterinarian, then a voucher will be issued and no fees are refunded.

* ___WE WILL ACTIVATE YOUR FREE PET INSURANCE FOR ANY MEDICAL CLAIMS THAT MIGHT OCCUR WITHIN THE FIRST 30 DAYS OF ADOPTION. CALL 24 PETWATCH FOR MORE INFO. WE WILL ALSO REGISTER THE MICROCHIP TO YOUR NAME AND CONTACT INFORMATION.

* ___For the lifetime of your new pet any follow-up medical treatments, medications, fecal exams, heartworm preventative, flea preventative, ear mite medication, or any booster or annual vaccinations are done at the new owners expense.

* ___**PLEASE CALL BEFORE RETURNING THE ANIMAL TO MAKE SURE WE HAVE ROOM.**

* ___Remember to be patient, consistent and understanding with your new pet.

This is a rescue animal. The Humane Society of Kandiyohi County (HSKC) has limited or no knowledge of the animal’s previous environment and therefore, the HSKC is not responsible for the temperament or health of this animal, other than as specifically set forth in this contract. I certify that I have never been charged with or convicted of animal abuse or neglect in the state of Minnesota or any other state or country. I agree to contact HSKC if I change my address, phone number(s) or work information. I have read this Contract and agree to be legally bound by it Provisions.

ADOPTER’S SIGNATURE _____ ADOPTION DATE _____

EMERGENCY CONTACT. PLEASE GIVE US A NAME AND PHONE NUMBER (OTHER THAN YOURSELF) OF SOMEONE THAT KNOWS HOW TO GET AHOLD OF YOU IF YOUR PET IS FOUND BECAUSE OF IT’S MICROCHIP.

DO NOT USE YOUR NAME!!!!!!

NAME _____ HOME PH # _____ WORK OR CELL _____