

DATE:



# Delaware Valley Humane Society

PO Box 182, 101 E. Main, Sidney, NY 13838  
607-563-7780

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City/State/ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you at least 21 years old? ( ) Yes ( ) No

Do you live in: ( ) house ( ) apartment ( ) with parents ( ) mobile home ( ) dormitory

Do you: ( ) Own ( ) Rent if you rent..... Landlord: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Please give 2 references: DO NOT INCLUDE ANY RELATIVES OR ANYONE CURRENTLY LIVING WITH YOU. Two References:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you currently have any other pets? ( ) Yes ( ) No

Have you ever owned a pet/pets? ( ) Yes ( ) No

If answered yes, give descriptions: \_\_\_\_\_

Where do your pets live? ( ) Inside ( ) outside ( ) both

Fenced Yard \_\_\_\_\_ Tie out \_\_\_\_\_ Walk on Leash \_\_\_\_\_ Let run loose \_\_\_\_\_

Are they spayed or neutered? \_\_\_\_\_ YES \_\_\_\_\_ NO

Your current veterinarian? \_\_\_\_\_

Why/ what are you considering adopting? ( ) Dog ( ) Breeding ( ) guard/watch dog ( ) Companion

( ) Cat ( ) Breeding ( ) Hunting ( ) Companion

I hereby acknowledge receiving the animal from THE DELAWARE VALLEY HUMANE SOCIETY INC, the below described animal. I agree to care for said animal in a loving manner characteristic of humane society principals and values. I agree to have my pet spayed or neutered within 1 month from adoption date, or at 6 months of age. If the animal is pregnant or becomes pregnant, all puppies/kittens will become property of DVHS. They must be returned when they are weaned and will be offered for adoption. Also pet will be spayed/neutered with a copy of spay/neuter certificate given to DVHS or animal returned. **ALL ANIMALS FROM OUR FACILITY HAVE TO BE SPAYED OR NEUTERED.**

I affirm by my witnessed signature below that I understand this pet **MUST BE SPAYED OR NEUTERED**

BY: \_\_\_\_\_

I acknowledge that my failure to up hold this agreement is grounds for DVHS to repossess the animal. I understand that DVHS investigates all contracts of adoption to affirm the terms of this contract are complied with. (New owner's names are confidential.) Any application can be denied.

**I certify that I am adopting this animal as my own pet and will not give it to another party as a gift, nor will I sell the animal. If the pet adopted does not work out it will be brought back to DVHS for readopting. The said animal will not be used for research of any kind. Also, not to be used for guard duty, breeding purposes or any sort of fighting.**

If this adoption is compromised by unforeseen circumstances, the animal in question will be returned to DVHS without charge for care, food or other services. If returned within 14 days of the adoption, the fee will be refunded.

Adopted by: \_\_\_\_\_

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

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

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Witnessing Shelter Officer \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Appx. Age \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Name \_\_\_\_\_

Wormed with: \_\_\_\_\_ Vaccinations \_\_\_\_\_

Donation: \_\_\_\_\_

**DVHS ASSUMES NO RESPONSIBILITY FOR THE HEALTH CONDITIONS OF ANIMALS AFTER THEY LEAVE OUR FACILITY. (Rev 04-18-15.TLH)**