

To be completed by Staff:		
Date:		
Name:	A#	
Approved by:	PetPoint Checked	
Microchip Sticker:		

Adoption Application (Please Print)

Name:				
		P.O. Box		
City:	Zip:	Must provide Copy of your D	<u>river's L</u>	<u>icense</u>
Date of Birth:	Email ad	dress:		
Home phone: ()		Cell (other): (
Current Veterinarian:				
How did you find out abo	out us? (Facebook,	, Website, Family/Friend, Walk-In, etc	: .)	
Do you have any other pets?			YES	NO
Please list animal name	Feline/0	Canine	spayed/	neutered
			YES	NO
What do you plan to do with	your animal while yo	u are away from home?		
Do you currently own or rent	your home?		OWN	RENT
**If currently renting please list landle	ords name and contact num	ber		
characteristics and it is imposed. 4. I understand that THSSC has 5. THSSC prohibits animals add	r pet without contacting THS cermines animal breed and a pssible for THSSC to confirm the right to perform an ani opted from their facility to li		 t	_

Health Concerns After Adoption

At THSSC, we strive to adopt out healthy and happy pets, however we cannot guarantee the health of any animal. We do not have a veterinarian on staff or additional medical equipment; therefore we require that you make an appointment with your veterinarian within the first 5 days for a health exam. If there are medical concerns with your newly adopted pet and you choose to treat them, we are not responsible for any charges. If you choose to not have the animal treated and wish to return the animal, you are welcome to do so, but please include medical findings from your veterinarian.

Hold Harmless Waiver

Adopter acknowledges and understands that the temperament, pedigree, and health of an animal may not be fully known, and does hereby assume full responsibility for any and all actions of, and for any personal injuries and/or damages that may be caused hereafter by or to the animal, and hereby remises, releases and forever discharges THSSC from any claim, loss or liability whatsoever arising from or relating in any way to the animal. Adopter agrees that all animals on their property are current on vaccinations. They understand that there is a minimal risk for exposing their own animals to any unknown illness/diseases and do not hold the Humane Society responsible for any medical care their personal animals might need.

Adopter agrees to indemnify and hold harmless THSSC from and against all claims, damages losses, fees or costs arising from or relating to the animal, including claims for personal injuries or damages caused by the animal.

Return Policy

We understand that not all adoptions work out! If, for <u>any reason</u>, your newly adopted pet does not fit into your household, you may return the animal to THSSC. What you have learned about the animal while in your home will help us find a more suitable home the second time. We DO NOT want you to re-home, sell, post to social media, Craig's List, or free to a good home in the newspaper.

We also realize it can take several weeks for an animal to settle in a new environment and really show themselves. Therefore, we consider the first 30 days of an adoption a "trial period".

If you do not feel the animal is the right match for you, please return them to the shelter.

If returned within 30 days and adoption was paid for by cash a FULL REFUND will be issued by check.

If returned within 30 days and adoption was paid for by check, a full refund will be issued after verification of check clearing.

If returned within 30 days and adoption was paid for using credit or debit card, a refund will be issued after verification of card success. Credit card usage fee is nonrefundable.

There will be no money refunded after the 30 day trial period.

After the first 30 days, the animal is considered yours and a surrender fee of \$40-\$45 will be requested.

I	have read.	understand	and agr	ee to the	above	terms for	adoption:

Signature:	Date:		
THSSC Representative:	Date:		

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After the first 30 days, the animal is considered yours and a surrender fee of \$40-\$5 will be requested.

I have read, understand and agree to the above terms for adoption:

Signature:	Date:
THSSC Representative:	Date:



After Adoption Instructions

1. Discuss with your veterinarian the need for any additional vaccinations.

*Puppies may need "booster" vaccinations to be fully immune

*Your pet may need to have a rabies vaccination and you will need a certificate and rabies tag to be compliant with state law.

- * Please discuss flea/tick and Heart Worm Prevention with your veterinarian.
- * Possibly need to have sutures removed from spay/neuter surgery
- * Please remember your pet needs to see the vet at a minimum of once a year for vaccinations, testing and heart worm preventative.
- 2. Please purchase a collar and place an <u>identification tag</u> on your new pet to ensure that if your pet is lost, they will be quickly returned to you!
- 3. Visit us on Facebook and keep us updated!

Enjoy your new family member and **Thank You for adopting from THSSC!** We wish you and your new pet many years of happiness! If you have any questions, concerns or need advice on training, exercise or behavioral concerns, please feel free to call or email the shelter! If you have had a great adoption experience with us, **please tell your friends and family to adopt their next pet from the Humane Society of Sullivan County!**

Tina Baker Laura Pearison
Shelter Director Kennel Manager
tinathsse@gmail.com laurathsse@gmail.com

812-268-4201

www.thssc.org sullivanshelter@gmail.com

Available for your convenience:

Cat card board carrying box: \$8.00 Dog slip Lead: \$5.00

(if supplies available)



Certificate for Health Examination

Please take	to your choice of veterinaria	an for a Health Examination. Most local
participating veterinarian	s will perform an exam for FREE on a	a newly adopted shelter animal. This exam
should be completed with	in the first week of adoption. At TH	SSC, we strive to adopt out healthy and happy
pets, however we cannot	guarantee the health of any animal.	We do not have a veterinarian on staff or
additional medical equipa	nent; therefore w e require that you n	nake an appointment with your veterinarian
within the first 5 days for	a health exam. If there are medical c	oncerns with your newly adopted pet and you
choose to treat them, we a	re not responsible for any charges. I	f you choose to not have the animal treated and
wish to return the animal,	you are welcome to do so, but pleas	e include all medical findings from your
veterinarian.	•	•

When visiting your veterinarian for the first time with your new pet, please take the folder given to you when you adopted with your medical record, post adoption instructions and this certificate. If you, or your veterinarian, have concerns or questions, please feel free to call the shelter (812) 268-4201.

Local Participating Veterinarians

Honey Creek Animal Hospital	PetCare Animal Hospital	Bloomfield Vet Clinic
Dr. Staub	Dr. Sarah Scank	Dr. Scott Borter
3263 S. 3 rd Place	2701 S. 7 th St.	SR 54 West
Terre Haute, IN	Terre Haute, IN	Bloomfield, IN
(812) 234-7752	(812) 235-1111	(813)384-4483
Lueking & Whitman Vet Clinic	Brocksmith Veterinary	Royer Veterinary Services
1701 E. IN 54	Associates	Dr. Scott Royer
Linton, IN	Dr. Baron Brocksmith	118 S. Commercial St.
(812) 847-2006	2812 E. SR 61	Worthington, IN
	Vincennes, IN	(812) 875-8866
	(812) 882-4484	
Just Paws PetCare Sullivan	Sullivan Animal Hospital	Robinson Hospital for Animals
West State Road 154	Dr. Poehlin	10499 IL-1
<mark>Sullivan</mark>	1435 N. Section St.	Robinson, IL
<mark>812-268-2222</mark>	Sullivan, IN	(618) 421-4459
	<mark>(812) 268-6812</mark>	
Southgate Veterinary Clinic	Edgar County Veterinary Service	Casey Veterinary Service
1925 S Old US 41	Diana Wilson, DVM	Byron Shotts, DVM
Vincennes, IN 47591	412 Augustus St	1503 E. Main St.
(812) 882-5656	Paris, IL 61944	Casey, IL
	(217) 466-6777	(217) 932-5744