

Pulaski County Humane Society



Loving Paws Adoption Center
 181 Loving Paws Lane, Crocker MO 65452
 573-736-2088
www.lovingpawspchs.com

Dog Adoption Application/Agreement

Completing this form does not guarantee an adoption. **PCHS reserves the right to deny any adoption request.**

Desired Dog's Name & Description: _____

Name of Primary Adopter(s): _____ Email Address: _____

Current Street Address: _____ City _____ State _____ Zip _____

Telephone number(s): _____

Home: _____ Cell: _____ Work: _____

What type of accommodation do you live in? (house, apartment, mobile home, etc.) _____

Do you: ☐ Own or ☐ Rent/Lease; Landlord's name and phone number: _____

Where did you first see this dog? ☐ Petfinder.com ☐ adoptapet.com ☐ Other (please explain) _____

Have you ever adopted an animal from PCHS? If so, when and which animal? _____

Have you had any animals in the past ten years that you do not currently have? If so, what happened to them? _____

List all animals currently in the household in which the adopted dog will be residing:

Dog / Cat (List breed)	Age	Sex	Spay / Neuter	Vaccinations Current?	Indoor?	Temperament

***Continue listing additional family pets on backside of this page.**

Have you ever taken an animal to a shelter / pound or rehomed? _____ If yes, reason _____

How many people live in your household? _____ Adults _____ Children _____ Ages of Children: _____

Is anybody in your household an asthma sufferer or allergic to animals? ☐ No ☐ Yes If yes, remedy? _____

Are you willing to housetrain your dog if it is not already housebroken? Yes _____ No _____

How do you plan to correct any bad behavior in your dog? _____

What is the most important trait in a dog that you are looking for? _____

What are traits that are unacceptable? _____

On an average day, how long will your dog be left alone and why? _____

Where Will You Keep Your Pet	Daytime	Nighttime
<input type="checkbox"/> In the House <input type="checkbox"/> Loose <input type="checkbox"/> Crate <input type="checkbox"/> Other	How long?	How long?
<input type="checkbox"/> Fenced yard Height _____ Type _____	How long?	How long?
<input type="checkbox"/> Garage	How long?	How long?
<input type="checkbox"/> On a Chain / Cable	How long?	How long?
<input type="checkbox"/> Crate; Are you familiar with crating? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long?	How long?

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Veterinarian who can vouch for the care of your animals: _____ Phone: _____

What will you do with your dog when you go on vacation or in case of an emergency? _____

What will happen to your dog if you move? _____

If you must give up your dog, how will you proceed? _____

Are you planning on moving soon? ☐ Yes ☐ No May a PCHS representative conduct a home visit? ☐ Yes ☐ No

Personal Reference (name & address): _____ Phone: _____

Please INITIAL the following points of contract:

___ 1. I, as the Adopter, am responsible and will provide proper food, water, shelter, and kind treatment for this animal at all times and am responsible for any damage to personal property as a result of this adoption.

___ 2. I understand that a pet can cost \$300-\$600 yearly to feed, vaccinate, license, and provide medical care, etc.

___ 3. I understand that a new pet may take SEVERAL WEEKS TO MONTHS to settle into a new home. Potential issues to anticipate include: Marking (or scenting) in a new environment, potty training, protective aggression toward other animals until familiar with and properly introduced, nervousness, etc. The dog and my household must be given time to acclimate.

___ 4. I will license the animal in compliance with the law/ordinances in the city or county in which I am living.

___ 5. I will keep the dog as a companion and will not sell, trade, abandon, or allow it to be used for medical/experimental or feeding purposes.

___ 6. I will take the dog to a veterinarian of my choice for exams and immunizations within five (5) days from the date of adoption if not already current on shots. I am responsible for all veterinarian fees.

___ 7. I am fully aware that the Pulaski County Humane Society (PCHS), Pulaski County, MO, makes no guarantees whatsoever as to the health, temperament, mental disposition, or training of the dog.

___ 8. If I decide AT ANY TIME after this adoption that I can no longer keep this dog, I acknowledge and agree that I am to contact LPAC/PCHS prior to attempting to re-home it on my own. If this animal passes away or gets lost, I agree to inform LPAC/PCHS of this.

___ 9. I hereby fully and completely release PCHS and its volunteer members from any defects or illnesses the dog may have or develop, and from any claims, cause of action, or liability for any injury of or damage to persons or property which may be caused by the dog and to indemnify and hold PCHS harmless against all claims, including, but not limited to, those asserted by third persons, for any injury or damage to persons or property caused by the dog.

___ 10. I agree to pay and reimburse PCHS for any and all legal fees and court costs incurred in enforcing these terms and conditions.

___ 11. This agreement shall be governed by MO state laws and ordinances of the county.

___ 12. In the event that any terms, provisions, or paragraph of this agreement is declared illegal, void, or unenforceable, this shall not affect or impair other terms, provisions, or paragraphs of this agreement and the doctrine of the severability shall be applied.

Donation Amount \$ _____ ☐ Cash ☐ Check ☐ Money Order

ADOPTER AGREES TO THIS ADOPTION AGREEMENT: I herewith contribute a donation for the adoption in the amount shown above and, if not already done, I agree to have the dog sterilized by a licensed veterinarian as required by MO Law Sections 273.400 to 273.405 within the timeframe specified above or forfeit all money paid and return the dog to PCHS upon demand. I understand that my donation is not refundable. If for some reason it is necessary to return the dog to PCHS within 14 days of the adoption, upon presentation of a valid adoption agreement, there may be credit given towards a new pet in the amount of the original donation. I further agree that if at any time it becomes necessary to relinquish custody of this dog, I will not sell, trade, abandon, release, use for experimental purposes, or dispose of this dog in any way except to find the dog a proper, caring home. I agree to care for this dog in a humane fashion and should I violate the terms of this agreement, I shall return, upon demand, said dog to PCHS. I also agree to return this dog to PCHS if the dog had been a stray and its rightful owner is found with sufficient proof of ownership to the satisfaction of PCHS. I will not hold PCHS responsible for any illness of the dog nor for any damages which the dog may do to any person(s) or property. With this agreement, PCHS has the right to examine / inquire as to the welfare of this dog at any reasonable time within five (5) years of the adoption.

Adopter Signature(s): _____ Date: _____

PCHS Representative Signature: _____ Date: _____

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In connection with my adoption application, I hereby authorize PCHS and its designated agents and representatives to conduct a comprehensive background review through a consumer report or an investigative consumer report. I understand that the scope of the report may include, but is not limited to, the following: Criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, current and previous residences, character references, motor vehicle records to include traffic citations and registration and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any adoption decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession. This authorization and consent shall be valid in original, fax, electronic, or copy form.

I hereby release PCHS, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. You may contact me as indicated below; I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in the strictest confidence.

Complete for all household members age 18 & over (use page 4 if needed):

First, Middle, & Last Name	Any Previous Name(s) / Maiden Name Used	Date of Birth
1.		
2.		
3.		
4.		

Previous residences in the previous 10 years (City & State)

City: _____ State: ____ City: _____ State: _____

City: _____ State: ____ City: _____ State: _____

Indicate any convictions for the crimes listed below relating to all persons 18+ in your household. Include the date of crime(s), the number of counts, who was convicted and the status/disposition of the case(s):

- | | |
|---|--|
| <input type="checkbox"/> Destruction of Property | <input type="checkbox"/> Rape or Molestation |
| <input type="checkbox"/> Drug Trafficking/Use or Possession | <input type="checkbox"/> Homicide/Murder |
| <input type="checkbox"/> Burglary/Robbery/Larceny | <input type="checkbox"/> Harassment/Stalking |
| <input type="checkbox"/> Child Abuse/Domestic Violence | <input type="checkbox"/> Assault or Fighting |
| <input type="checkbox"/> Theft/Receiving Stolen Goods; Number of Violation(s) | <input type="checkbox"/> Other |

(1) Signature: _____ Date: _____

(2) Signature: _____ Date: _____

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Please write additional information if needed below