

Adoption Application

Porter County Animal Shelter



giving animals a new leash on life...

Case #: _____

Date: _____

Shelter Staff Member: _____

Thank you for your interest in adopting a rescued pet. The following information is requested so that our adoption councilors can assist you in the selection of a new pet. The animal's welfare is our foremost concern. Please note that PCAS will not adopt "bully breed" dogs to: Gary, Merrillville, Hammond, East Chicago, Whiting Indiana or other areas that have proven inhospitable for our animals. PCAS is also unable to adopt to Whispering Sands Mobile Home Park.

Name: _____ Spouse/Partner's Name: _____

Address: _____ Apartment/Lot #: _____

City, State, Zip: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Driver's License#: _____

Is your home a House Apartment Mobile Home Townhome/Condo

Do you Own Rent

Before proceeding with this application, please initial each item below. This is required to proceed with the adoption.

_____ I am 21 years of age or older and have identification showing proof of current address.

_____ Porter County Animal Shelter reserves the right to refuse adoption to anyone. Adoption approval or refusal decisions are made solely at the discretion of PCAS. Falsifying information on the application will result in disqualification from adoption.

_____ All potential adopters' homes may be screened for suitable placement of animals. By submitting this application, you give permission for PCAS to investigate and confirm the information provided. You agree that this information can be shared with other humane societies or rescue groups.

_____, _____ (print name), hereby give permission to my landlord, apartment complex, mobile home park, or neighborhood associations to release information concerning my pet deposit or other rules regarding pet ownership.

Landlord/Complex Name: _____ Phone #: _____

_____ I, _____ (print name), hereby give permission for any veterinarian providing service to me to release my medical information on any/all of my animals, past and present, to PCAS.

Current Veterinarian: _____ Phone #: _____

I understand and affirm the above information, and agree to the requirements of PCAS's adoption process.

Signature: _____ Date: _____

Adoption Application

Before completing this application, please read the adoption contract you must agree to and later sign. Once completed, please give this application to a Porter County Animal Shelter associate or fax all pages to 219.465.3824. Application approval can take anywhere from 20 minutes to 48 hours. We appreciate your patience.

Adopter Information

How long have you lived at your current address? _____ years _____ months

Do you plan to move in the next 12 months? Yes No

Renter Info: Does your landlord require a pet deposit? Yes No How much? \$ _____

Does your landlord set a weight limit for pets? Yes No Limit? _____

Have you already paid your landlord a pet deposit? Yes No

Is the pet deposit per household or per animal? _____

Total number of individuals in household: _____ Ages of children in your household: _____

Do all of the adults in your household consent to the adoption of this pet? Yes No

Does anyone in your household have a known pet allergy? Yes No

Why do you want to adopt? Check all that apply: House Pet Outdoor Pet Protection
 Gift For a Child Companion for a Pet Companion for Self

How many hours per day will your pet be: Inside? _____ Outside? _____ Crated? _____

Do you have a fenced yard? Yes No Type of fence: _____ Height: _____

How many hours will this pet be alone during the day? _____

Where will you keep this pet while you're not at home? _____

Is this your first pet? Yes No

Do you travel frequently? Yes No

Have you considered the costs involved in adopting this animal (annual vet visits, food, toys, supplies, housing, damage to your property)? Yes No

No pet is perfect! Please check all the behaviors that you are **unwilling** or **unable** to work through:

- | | | |
|---|--|---|
| <input type="checkbox"/> Eliminating in the house | <input type="checkbox"/> Pulling on the leash | <input type="checkbox"/> Getting on the counters/into the trash |
| <input type="checkbox"/> Escaping | <input type="checkbox"/> Destructive behavior | <input type="checkbox"/> Aggression to strangers |
| <input type="checkbox"/> Aggression towards pets | <input type="checkbox"/> Aggression toward kids | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Scratching doors/furniture | _____ |
| <input type="checkbox"/> Vocalizing | <input type="checkbox"/> Mounting pets or family members | _____ |
| <input type="checkbox"/> Jumping on people | | _____ |
| <input type="checkbox"/> Food/toy aggression | | |

Pet Ownership History

Total number of pets you currently own: _____ cats _____ dogs _____ other

Are all pets in your household current on vaccinations? Yes No

Have you ever had to surrender a pet to a shelter or rescue? Yes No

Please list all pets currently owned

Name	Type	Breed	Sex	Altered	Age	Inside/Outside

Please list all pets owned within the last 10 years, NOT currently owned. (Include deceased, lost, stolen, sold or given away)

Name	Type	Breed	Sex	Altered	Age	Reason no longer in the household

Porter County Animal Shelter: Adoption Contract and Disclaimer of Liability

Your Name: _____	Date: _____
Animal Case #: _____	

Please complete the above, then **read and initial** each section. This is a **legally binding** contract. Please consult with your adoption councilor if you do not understand any portion of this contract.

	The applicant agrees to provide the pet daily with food and fresh water, shelter from extreme temperature and weather conditions and veterinary care to prevent and treat disease, illness and injury. Adopter also agrees to keep this animal free of parasites (i.e. fleas, ticks, intestinal worms, etc.). I will ensure that the animal is treated in a humane matter at all times.
	The adopter agrees to have the animal examined by a licensed veterinarian within seven (7) days after possession and return the health check form to the shelter within fourteen (14) days of adoption.
	The applicant agrees to surgically sterilize said pet within stated period by Porter County Animal Shelter if said pet is intact at the time of possession; the applicant may be responsible for some cost incurred of said surgical sterilization. The applicant understands that this is required and that said pet will be confiscated if within the period allowed there is no returned proof that the animal is sterilized.
	Porter County Animal Shelter makes no guarantees or statements regarding the adopted animal's age, breed, health, or temperament. While PCAS has made every effort to provide accurate history and assessment of the animal, PCAS is not able to guarantee age, breed, medical status or history, behavior or disposition. Adopter hereby releases Porter County Animal Shelter and its employees, Porter County Board of Commissioners, members and representatives of any and all possible claims arising from injury or damage caused by the adopted pet to any person or property or relating to the health or temperament, including any expenses related thereto. Adopter accepts this pet as is with all defects, either observable or unobservable, and assumes all risks upon signing of this contract.
	Adopter agrees to have the animal examined by a licensed veterinarian at least once each year and provide for all vaccinations and treatments necessary to ensure good health. If euthanasia becomes necessary, Adopter agrees to have it performed by a licensed veterinarian.
	The applicant hereby releases and discharges the Porter County Board of Commissioners and the Porter County Animal Shelter and its employees for any claims which may arise as a result of this adoption and for any injury or damage to any person or property caused in the future by said animal or for any causes of action, claims, suits or demands whatsoever that may arise as a result of injuries to person or property as a result of this adoption.
	If for whatever reason Adopter is unable to keep the adopted animal for its entire life, Adopter must offer to return the animal to the Porter County Animal Shelter. Adopter agrees not to give away, sell or dispose of the animal without the prior written consent of PCAS.
	Adopter agrees to notify Porter County Animal Shelter if the pet is lost or dies in the first year of adoption.
	In the event any provision of this contract, including all its covenants and conditions, is breached by Adopter, and/or any misrepresentations have been made by Adopter, Porter County Animal Shelter has the right to rescind this contract and Adopter shall return the animal to PCAS. If Adopter fails to return the dog, PCAS has the right to seek a court order for return of the animal and seek liquidated damages from Adopter in the amount of \$500 plus any court costs or attorney's fees. Payment of damages shall not excuse Adopter from returning the adopted animal to the Porter County Animal Shelter.
	The adopter understands that animals have social and emotional needs, as well as physical ones and are prepared and able to devote time and attention to the animal to meet said needs.

	The applicant confirms that they are making a long-term commitment to the ownership of this pet. PCAS has informed me of the animal's estimated current age and the adopter understands the life expectancy of an animal can exceed 20 years. I also understand that changes in my lifestyle or family composition do not relieve me of my responsibility.
	The adopter attests that they are not obtaining this animal for use in any kind of experimentation or for the sale to any agency. The animal will be a personal companion. It will reside at the applicant's primary residence listed on the adoption application.
	The adopter understands that the animal's behavior may change after it leaves PCAS and that the animal should be closely supervised when with children or other pets.
	Lake County of unincorporated Lake County residents: You must register your dog at the Lake County Animal Control in Crown Point, Indiana. If you adopt a bully breed mix and live in certain jurisdictions in Lake County, you must obtain an insurance policy of \$500,000.
	The applicant understands that there are monetary costs associated with pet ownership. In addition to routine vaccinations, health screens, pets need veterinary care for treatment of illness and/or injury. Other costs may include charges for pet deposits required by landlords and damage to personal property. The applicant attests that they are both financially able and willing to accept full responsibility for a pet.
	Adopter agrees to not subject a dog, or any dog to a chained life. Dogs may be tethered on no less than a 7 foot lead and for no more than one hour at any given time.
	This agreement shall insure the benefit of and be binding upon Adopter and PCAS and their successors or beneficiaries. Both parties have fully read and understood all of the agreement, which sets forth all promises, conditions, and understandings, oral or written.
	Adopter will allow PCAS to conduct home visits and phone check-ins at PCAS's discretion after adoption in order to check on the pet's welfare.
	Animals may be removed from unsuitable homes at any time based upon the discretion of the director of Porter County Animal Shelter.
	Adopter agrees to notify Porter County Animal Shelter in writing of a change in address and/or phone number within two (2) weeks of such change.
	Any feline adopted and declawed will not be taken back by the Porter County Animal Shelter.

By submitting this application, I confirm that all information in this application is correct and complete. I authorize my landlord, veterinarian and any other parties contacted to release information confirming this application to PCAS for verification. Failure to provide accurate information or comply with the adoption agreement will forfeit my adoption fee and revert ownership of this animal to PCAS. By signing this document I attest that I have read and understood the adoption contract; and that I release and hold harmless Porter County and the Porter County Animal Shelter from any and all claims which may arise as a result of the adoption of this animal.

I understand that signing the Adoption Contract and Disclaimer of Liability does not guarantee approval of adoption.

As a result of an approved Adoption Application, I hereby accept possession of, title to, and responsibility for the animal identified above, subject to the terms and conditions set forth in the Adoption Contract and Disclaimer of Liability.

Adopter Signature: _____ Date: _____

Application approved by:

PCAS Staff Signature: _____ Date: _____

Waiver of Liability for the
Porter County Animal Shelter

The undersigned further agrees to release and hold harmless Porter County and the Porter County Animal Shelter for any claims which may arise as a result of interacting with the animals, including injury to person and/or property.

The undersigned further understands that as a potential adopter they are not covered by Porter County insurance or worker's compensation.

Date

Witness

Signature

Signature

Print Name

Print Name