



Cherokee County Humane Society (CCHS) Adoption Agreement

Animal Information:

Name: _____ DOB: ___/___/___ Male / Female ID# _____

Color: _____ Dog / Cat Breed: _____ Declawed: Y / N Front/Back/Dew Claw

Canine	Feline
DHLPP/DHPP : _____	FVRCP : _____
Bordetella/Corona: _____	Leukemia: _____
Heart Worm Test Date: _____ Results: _____	Combo Test Date: _____ Results: POS / NEG

Note: We recommend taking your newly adopted pet to the veterinarian within 72 hours of adopting. Taking your folder is recommended.

Booster Shot Due Dates: _____	Spay / Neuter Date: / /
Flea Treatment Date: / /	Capstar Date: / /
Revolution / Advantage / Activyl / Other:	Fecal Date: Results:
Dewormer: _____	Rabies Done: / / Due: / /
	PPO___ STRONGID___ Other

Special Needs or Other Treatments Below:

Microchip: Yes: No: Chip Number: _____	Chip Sticker Here

Applicant Information: *Please Print Legibly*

Name: _____	Date: _____
Address: _____	DL #: _____
City: _____ State: _____ Zip: _____	Home #: _____
Email Address: _____	Cell #: _____

It is understood that this adopted animal can be removed from my care at any time should I violate any of the following:

- Allowing animal to run loose – failure to provide current ID Tags
- Failing to provide adequate food/water, shelter, companionship, and medical care.
- Forcing the animal to live anywhere except inside the primary residence. (Example – Garage) **CCHS Cats are strictly indoors.**
- Declawing, debarking, or in any other way mutilating this animal for cosmetic or other purposes.
- Tethering and/or chaining canines outside is strictly prohibited.
- **If you are no longer able to care for the adopted animal, you MUST contact a CCHS Lead to return to pet back to CCHS with their medical records!**

It is understood that the known temperament of the animal has been discussed at the time of adoption. I cannot hold the CCHS, or any of its agents, liable. This covers any personal injury or property damage that may occur to me or others now or in the future.

I hereby attest that I have spent adequate time with the animal to know it will be a welcome addition to my family. The known medical status has been discussed at the time of adoptions. As the new owner, I agree to accept responsibility for all additional medical costs, including yearly preventative exams.

Failure to comply with any of the above requirements will result in your liability for liquidated damages of \$300 and forfeiture of the pet back to the CCHS.

The adoption fee for this animal is \$ _____ and is payable by cash / check# _____ / Card **(Circle Currency Used)**

Price Adjustment: Y: ___ N: ___ Price: \$ _____ Please make check out to CCHS **** THE ADOPTION FEE IS NON-REFUNDABLE****

Adoptor Signature: _____ Date: _____

Adoption Processor's Printed Name: _____ *Check Adoption Location Below:*

Woodstock Petsmart 92 ___ Acworth Petsmart ___ Cartersville Petsmart ___ Foster Home ___

Acworth Petco ___ Kennesaw Petco ___ Barrett Petco ___ West Cobb Petco ___ Other _____