



Cherokee Humane Society

Payment Arrangement – Canine

Payment START DATE: ___/___/___ - Payment END DATE: ___/___/___

Adoption Counselor	
Full Name	
Adoption Location	
Phone Number	
Canine Information	
Name	
Date Of Birth	
ID# & Shelter	
Breed and Color	
Foster Parent	
Adopter	
Full Name	
Address	
City, State & Zip	
Best Contact Number	
Email Address	
Beginning Payment: _____ Date: _____	Second Payment Amount: _____ Date: _____
Third Payment Amount: _____ Date: _____	Fourth Payment Amount: _____ Date: _____
Credit Card Number:	Expiration Date:
Zip Code Associated with Card	CVV Code on back of Card:
Missed Payment Date: _____	Card will automatically be ran for above amount on those dates. Please plan to make sure funds are there!
Missed Payment Date: _____	Repossession? No: Yes: Date: _____

I agree to adhere to the above payment arrangements . At any point, if I cannot follow through with the arrangement I will contact the adoption counselor above to decide on plan of action, either return the animal or double the next payment due. All Paperwork given must be returned with the dog! If 2 payments are missed I will return the dog to CCHS. CCHS has the right to repossess the cat for failure to pay. I agree to take care of the dog properly! No allowing of tethering outside! Always feed, water, and exercise appropriately.

Adopters Signature: _____ Date: _____

Adoption Counselor Signature: _____ Date: _____

Final Payment Received, Adoption is Completion Date: _____ Witness Initials: _____

Please Have Adopter Take Photo of This Contract for their records!

Photo Taken: Yes No: AC Initials: _____