



Cherokee Humane Society

Trial Form – Canine

TRIAL START DATE: ___/___/___ - **TRIAL END DATE:** ___/___/___

Adoption Counselor	
Full Name	
Adoption Location	
Phone Number	
Canine Information	
Name	
Date Of Birth	
ID# & Shelter	
Breed and Color	
Foster Parent	
Potential Adopter	
Full Name	
Address	
City	
State & Zip	
Best Contact Number	
Email Address	

I agree to take the above dog on trial for 1 week. At any point during that week I can either choose to finalize the adoption by contacting the adoption counselor above or choose to return the dog. All Paperwork given must be returned with the dog! I agree to take care of the dog properly! No tethering outside, always feed, water, and exercise appropriately.

Potential Adopters Signature: _____ Date: _____

Adoption Counselor Signature: _____ Date: _____

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

Photo Taken: Yes No: AC Initials: