



**Seminole Humane Society**  
**P.O. Box 88**  
**Seminole, OK 74818**  
**405-380-3976 or 405-220-2599**



**Email:** [seminolehumanesociety@petlover.com](mailto:seminolehumanesociety@petlover.com)

**Website:** <http://seminolehumanesociety.com>

## **ADOPTION APPLICATION**

This form will be used to match you and your family with the best pet for your household.

This questionnaire will be reviewed by a Seminole Humane Society representative. The Seminole Humane Society reserves the right not to adopt any particular pet to any particular home. Our goal is to make the best match between person(s) and pet(s) to help assure a successful long-term (life) adoption.

The adoption fee covers spay or neuter and current vaccinations. Calls to your vet to determine your previous pet care may be made. The continued basic care of this animal is expected including heartworm preventative and yearly shots. If not neutered at time of adoption, all animals will be neutered by the age of 6 months.



# Seminole Humane Society Adoption Application

P.O. Box 88, Seminole, OK 74818

Email: [seminolehumanesociety@petlover.com](mailto:seminolehumanesociety@petlover.com)

Website: <http://seminolehumanesociety.com>

Date: \_\_\_\_\_ Name of animal: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_

Name: \_\_\_\_\_ Home PH: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ How did you hear about SHS? \_\_\_\_\_

Are you over 18 yrs of age? Y / N Are you a college student or living with parents? Y / N

Pet is for: FAMILY / MYSELF / CHILD / OTHER If other, please explain: \_\_\_\_\_

*The following questions refer to where the pet will be living:* Do you: OWN / RENT

I live in a: HOUSE / DUPLEX / CONDO / APARTMENT / OTHER If rent, landlord's/complex's name and

phone number: \_\_\_\_\_ Are you aware of and willing to pay pet deposit? \_\_\_\_\_

Do you have a fenced yard? Y / N If yes, what type/height? \_\_\_\_\_

Years at present address: \_\_\_\_\_ Moving in the near future? Y / N Anyone with pet allergies? Y / N

Number of persons in household: \_\_\_\_\_ Children at home? Y / N Ages: \_\_\_\_\_

Do you work full-time? Y / N Place of business: \_\_\_\_\_

Average hours per day pet will be alone and where kept: \_\_\_\_\_

Will pet be: STRICTLY INDOOR INDOOR/OUTDOOR STRICTLY OUTDOOR

Type of shelter provided for animal when outdoors: \_\_\_\_\_

Are there other pets currently in your household? Y / N If yes, please complete following:

PET'S NAME	SPECIES / BREED	A G E	S E X	INDOOR (I), OUTDOOR (O) or BOTH (B)	SPAYED/ NEUTERED?	CURRENT ON VACCINATIONS?	ARE ALL DOGS ON MONTHLY HEARTWORM PREVENTATIVE?
					Y / N	Y / N	Y / N
					Y / N	Y / N	Y / N
					Y / N	Y / N	Y / N

Please list any previous pets, living or not, you've owned during the last 5 years:

\_\_\_\_\_

Veterinarians or animal clinics used, for current or previous pets, during the last 5 years:

\_\_\_\_\_

## Seminole Humane Society Adoption Contract

The Adopter agrees to adopt the following animal (hereinafter called "Animal") from the Seminole Humane Society

Name/Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Color/Markings \_\_\_\_\_

As Adopter, I agree to the following:

1. To allow a representative of the Seminole Humane Society to visit my premises to ensure the terms of this agreement have been kept (home visits may be made by the foster of this pet and follow up phone calls or emails are mandatory);
2. The Animal will not be kept strictly outdoors; or on a chain or cable;
3. The Animal will be provided with adequate fresh food and water, clean, dry shelter when outside, and daily exercise;
4. To provide a safe collar with rabies and I.D. tags to be worn at all times.
5. To obey all applicable laws governing control and custody of animals;
6. To provide all medical care and treatment needed by the Animal including but not limited to: yearly medical checkups and vaccines, and preventative heartworm medication (available from veterinarians only);
7. To adopt the Animal only as a personal pet/companion and not as a gift, working animal, or guard dog;
8. If the Animal has not been spayed / neutered at the time of this adoption, I agree to have the surgery done by \_\_\_\_\_. In the event I do not have the Animal altered by the date agreed upon then ownership of the Animal shall revert to the Seminole Humane Society upon demand.
9. **The Animal is not to be sold or given away for any reason. If it becomes necessary to find the Animal another home, the Seminole Humane Society will be contacted (info below) and the Animal shall be returned to them;**

Contact info: 405-380-3976, 405-220-2599 or [seminolehumanesociety@petlover.com](mailto:seminolehumanesociety@petlover.com)

The Seminole Humane Society assumes no responsibility nor shall they be held liable for any damages caused by the adopted Animal to property, person or other pets. If any medical problems should occur after adoption, The Seminole Humane Society is not liable for any medical bills. As Adopter, I agree to accept full responsibility for the care of this animal releasing the previous owner as well as the Seminole Humane Society and its representatives of any liability from this date forward. **I agree to abide by the adoption conditions and realize that I am committed to this animal for his/her life. I have read and fully understand that the Seminole Humane Society may repossess this animal at any time if the adoption conditions are violated or the animal is mistreated.**

This adoption contract is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between the Seminole Humane Society and

Adopter's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Signature \_\_\_\_\_ Adoption Fee \_\_\_\_\_