



Perkins County Animal Shelter Adoption Application

Please return your completed application to Perkins County Animal Shelter via email (pcanimalshelter@live.com) or dropping off at Perkins County Veterinary Hospital & Animal Shelter at 68 S. Central Ave in Grant, NE.

Name: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Phone Number: _____ e-mail: _____

Employer: _____ Work Phone: _____

Do you have children? If yes, what ages? _____

Have you ever owned a pet before? What happened to them?

How many pets and what types do you currently own? _____

Do you own or rent your home? Is it a house, apartment, condo? If renting, please list your landlord's name and contact information.

Please provide your veterinarian's name and contact information. We will be contacting them as a reference to your past pet care compliance.

Does anyone in the household have pet allergies? _____

Please describe your pet's new accommodations. (i.e. indoors/outdoors, size of fenced yard, type of fence) How much time will your pet spend alone? Where will he/she stay during that time? _____

Who will be responsible for feeding, training, grooming of pet? What brand of food do you plan to feed? _____

Have you ever surrendered a dog to us? If so Why?

Please provide two other non-relative personal references and contact phone #
(Both may be contacted concerning your adoption of a new pet):

- 1) _____
- 2) _____

Adoption Agreement:

Name of pet _____ Species(K9 vs. feline) _____

I agree to ensure this pet receives all veterinary recommended inoculations and maintain yearly examinations. _____

I agree to keep this animal safe from harm by providing a fenced area for exercise or alternatively plan to leash walk at least three times daily _____

I agree that this is a lifetime commitment and I will keep this animal for the duration of his/her natural life. Should unforeseeable circumstances arise, I will bring this animal back to PCAS for help. I will not give this animal to a third party or other animal rescue. _____

I understand that companion animals can behave abnormally in unfamiliar circumstances. New pets should be introduced to other pets and humans with caution. Interactions with children should be monitored by an adult at all times. I will not hold PCAS or any staff or board members liable for injury or damages caused by this pet. _____

I will have two weeks to assess this animal's character and ability to adjust to my lifestyle. I will pay a surrender fee to the shelter upon return if over two week trial. I will not give this animal to a third party or any other rescue/shelter. _____

I understand PCAS has the right to repossess the animal I am adopting if humane conditions and veterinary care are not provided. I will bear any litigation or veterinary costs involved in such a situation. _____

I understand that PCAS has made every effort to ensure the general health of this pet. If there should be any health related problems within the first two weeks of adoption, I will notify PCAS immediately. Medical attention will be provided by PCVH. Any expenses incurred at another veterinary facility will be my responsibility as a new owner. Once the two-week trial period has ended, any medical expenses incurred will also be my responsibility. _____

I verify that the above application information is true to the best of my knowledge and authorize PCAS to contact references and verify information as needed. Sign/date: _____

Thank You for taking the time to fill out this application. It is very important to the staff of Perkins County Animal Shelter to see that our friends find the right forever home and you are satisfied with your new companion.

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