



**Brookings Regional Humane Society**  
 1027 Main Ave, South -Brookings, SD. 57006  
 (605) 697-7387  
 brookingsregionalhumanesociety@hotmail.com  
 www.brookingshumane.org

**ADOPTION APPLICATION**

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Alternate/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check one:  Own  Rent: Landlord's name and phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Are you over 18? \_\_\_\_\_

This pet is for:  Yourself  Children  Family  Other: \_\_\_\_\_

This pet will be:  Companion  Hunter  Farm  Other: \_\_\_\_\_

This pet will be:  Indoor  Outdoor  Both (explain): \_\_\_\_\_

Does anyone in your home have animal related allergies? \_\_\_\_\_

If so, are you willing to spend the money on allergy treatments? \_\_\_\_\_

Do you plan to move in the future? \_\_\_\_\_ If so, will this animal be able to move with you? \_\_\_\_\_

What will happen to this pet when you go on vacation or in case of emergency? \_\_\_\_\_

If an indoor pet, where will it stay when you're not home? \_\_\_\_\_

If an outside pet, how will it be confined? \_\_\_\_\_

If an outside pet, what kind of shelter will you provide? \_\_\_\_\_

What kind of identification will you provide for your pet to wear? \_\_\_\_\_

How will you exercise your pet? \_\_\_\_\_

How much time will you spend with your new pet? \_\_\_\_\_

How many hours a day, on average, will this pet be alone? \_\_\_\_\_

Will someone be home to house train, if necessary? \_\_\_\_\_ Do you know how to do this? \_\_\_\_\_

How do you plan to discipline your pet? \_\_\_\_\_

Have you ever adopted from a Humane Society or Animal Shelter before? \_\_\_\_\_ When? \_\_\_\_\_

Do you still have that animal? \_\_\_\_\_ If no, why not? \_\_\_\_\_

Have you had other pets during the last five years? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Do you still have that animal? \_\_\_\_\_ If no, why not? \_\_\_\_\_

Have you ever given up an animal? \_\_\_\_\_ If so, why? \_\_\_\_\_

Were past pet(s) sterilized? \_\_\_\_\_ If no, why not? \_\_\_\_\_

What other pets do you have now? \_\_\_\_\_

Are they sterilized? \_\_\_\_\_ If no, why not? \_\_\_\_\_

Are your pets current on all vaccinations? \_\_\_\_\_

Your veterinarian's name, address and phone number: \_\_\_\_\_

**If Adopting a Dog:**

Have you ever had experience training dogs? \_\_\_\_\_ If yes, please specify method used \_\_\_\_\_

Do you plan to attend obedience classes with this dog? \_\_\_\_\_

## ADOPTION AGREEMENT

### **I agree as part of the adoption agreement with the Brookings Regional Humane Society:**

1. To provide the proper food, water and shelter for this pet, and to give it the necessary attention and training to make it a healthy, happy animal.
2. That I am aware of the costs of maintaining the health of this animal for his/her lifetime and agree to provide veterinary care for this animal in case of illness and injury and if I am unable to do so to surrender it to the Brookings Regional Humane Society, Inc. according to policies.
3. That I will not knowingly permit this animal to be used for fighting or in the training of fighting animals or to allow it to be used for breeding purposes or medical research.
4. To have the animal spayed/neutered by or on \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ by a licensed veterinarian and I agree that my inability or unwillingness to do so constitutes grounds for the BRHS to rescind this contract, in which case ownership of the animal will revert to the BRHS. **I understand and agree to this (\_\_\_\_ adopter's initials).**
5. To allow a BRHS representative to call or visit my home regarding the well-being of the adopted animal.
6. To abide by all city, county and state ordinances/licenses/laws governing animals.
7. That I am aware that BRHS makes no guarantee whatsoever as to the health, temperament, breed, mental disposition and training of the animal.
8. To release the BRHS, it's officers, directors, agents, volunteers, employees and/or affiliates from any defects or illnesses that the animal may have or develop from any claim, cause of action or liability for any injury or damage to persons or property which may be caused by the animal and to indemnify and hold the BRHS against all claims including, but not limited to, those asserted by third persons, for any injury or damage to property caused by the animal. **I understand and agree to this (\_\_\_\_ adopter's initials).**
9. That all animals in my care (if any) are current on their annual vaccinations and I release the BRHS it's officers, directors, agents, volunteers, employees and/or affiliates from any claim, cause of action, or liability for an illness that my current animals may develop, even if said illness may have been procured from the animal adopted from the BRHS. **I understand and agree to this (\_\_\_\_ adopter's initials).**
10. That if the BRHS should determine at any time that any of the provisions of this agreement have not been fully complied with, I will return the animal to BRHS upon demand and that if I fail to return the animal as requested, the BRHS shall have the right to pursue legal action. **I understand and agree to this (\_\_\_\_ adopter's initials).**
11. If I am unable to keep this animal and it is returned within 7 days from the original adoption day, the adoption fees will be refunded. If the 7 days has expired and I am unable to keep this animal, I understand that the BRHS will accept the animal back, provided a foster home is available and that a surrender fee will be collected.
12. That any breach of the above paragraphs constitutes grounds by BRHS to rescind this contract, ownership of the animal reverting to BRHS and that I agree to pay the court costs and attorney fees incurred by the BRHS to enforce the contract. Up to \$200 liquidation damages may be assessed.
13. This agreement shall be governed by the laws of the State of South Dakota.
14. In the event that any term, provision or paragraph of this agreement is declared illegal, void, or unenforceable, the shall not affect or impair other terms, provisions, or paragraphs of this agreement. The Doctrine of Severability shall be applied.

**I have read this adoption agreement and fully understand it and agree to be bound by its terms.**

**For this reason, IF I DO NOT PROVIDE FOR THE HUMANE CARE NECESSARY FOR THE WELL-BEING OF THIS ANIMAL AND THE SOCIETY REQUESTS ITS RETURN BECAUSE OF VIOLATIONS OF THIS AGREEMENT, I WILL RELINQUISH THE PET, MAKING NO CHARGES FOR EXPENSES OR CARE.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED BY** (Need two BRHS signatures)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_