



**Brookings
Regional
Humane
Society**

120 West 2nd Street South, Brookings, SD 57006
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www.brookingshumane.org

ADOPTION APPLICATION

By filling out this application, you agree to the terms that you are at least 18 years of age and are legally able to enter into a contract with the Brookings Regional Humane Society, Inc.

What pet are you seeking to adopt? _____

Adopter's Name (first and last): _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Physical Address (where the pet will be living): _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from Physical): _____

City: _____ State: _____ Zip: _____

Microchip Emergency Contact Name: _____

Primary Phone: _____ Alternate Phone: _____

Would you like to be added to our e-newsletter and mailing list? Yes No

How experienced do you feel about caring for this type of pet?

- No experience - but I'm excited to learn!
- Some experience - I have had a pet or two before.
- Lots of experience - my friends and family consider me an expert!

How experienced do you feel with providing veterinary care for this type of pet?

- No experience - but looking forward to learning!
- Some experience - I have a veterinarian I know I can call.
- Lots of experience - I am comfortable giving medication, and love my vet!

How would you describe your household?

- Very quiet - only a few residents and not too many guests.
- Average - not too quiet but not party animals
- Very busy - lots of people are coming in and out!

What types of pets are currently living in your home?

_____ Dog(s) _____ Cat(s) Other: _____

Are you aware of any restrictions (rules from landlord, homeowner/renter insurance, etc) that would prevent you from adopting a pet?

- | | | |
|---|--|--|
| <input type="checkbox"/> I own my own home | <input type="checkbox"/> There are size/breed restrictions | <input type="checkbox"/> I am not allowed dogs |
| <input type="checkbox"/> I can have any pet | <input type="checkbox"/> It's okay with a pet prescription | <input type="checkbox"/> I am not allowed cats |
| <input type="checkbox"/> I can only have a limited number | | <input type="checkbox"/> I don't know |

Please respond to the following consent questions:

With your 24PetWatch microchip, we offer you free lost pet services, as well as exclusive offers, promotions and the latest information from 24PetWatch regarding microchip and insurance services.

Pethealth Services (USA) Inc., Pethealth Services Inc, PTZ Insurance Services Ltd. and PTZ Insurance Agency Ltd may contact you via commercial electronic messages, automatic telephone dialing systems, pre-recorded/automated messages or text messages at the telephone number provided above, including your mobile number. These calls or emails are not a condition of the purchase of any goods or services.

You understand that if you choose not to provide your consent, you will not receive electronic enrollment notification regarding the trial/gift/voucher of insurance and/or free lost pet services which includes being contacted with information in the event that your pet goes missing. You may withdraw your consent at any time. **IF YOU CHOOSE TO SELECT NO TO THIS SECTION YOU WILL NOT BE REACHED BY ANYONE IF YOUR PET GOES MISSING. IT IS STRONGLY RECOMMENDED THAT YOU SELECT YES.**

YES NO

Do you consent to having your personal information (name and contact information) given to the party who found your animal (Including animal controls, veterinarians, shelters, and law enforcement) in a situation in which they are lost? If YES, the finding party will be able to directly contact you and the reunite process may be faster. If you choose NO you will still be able to be contacted by an automated system to reunite you with your pet.

YES NO

I would like to receive e-mail/other electronic communications, and/or mail with information & special offers from Hill's Pet Nutrition Inc.

YES NO

Please have your driver's license or a form of identification handy to process your adoption

 **Thank you for choosing BRHS for your new pet!**

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 allow a BRHS representative to call or visit my home regarding the well-being of the adopted animal.
5. To abide by all city, county and state ordinances/licenses/laws governing animals.
6. That I am aware that BRHS makes no guarantee whatsoever as to the health, temperament, breed, mental disposition and training of the animal.
7. To release the BRHS, its 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 of 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).**
8. That all animals in my care (if any) are current on their annual vaccinations and I release the BRHS its 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).**
9. 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).**
10. 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 and that a **surrender fee will be collected.**
11. 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.
12. This agreement shall be governed by the laws of the State of South Dakota.
13. In the event that any term, provision or paragraph of this agreement is declared illegal, void, or unenforceable, it 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.

Applicant Signature: _____ Date: _____

Applicant's Printed Name: _____

APPROVED BY:

BRHS Representative: _____ Date: _____