

West Michigan Critter Haven Adoption Contract

Name of Animal(s) _____

Breed _____

Date of Adoption _____

West Michigan Critter Haven Adoption Contract:

Send e-mail to info@wmicritterhaven.org

* West Michigan Critter Haven reserves the right to refuse adoption to anyone.
Animals will not be adopted to prospective owners who mislead or fail to provide accurate information on the adoption application.

(Please print clearly)

Date _____ Name _____

Address _____ City _____

State _____ Zip _____ Home Phone (____) _____

Cell Phone (____) _____ E-mail _____

Driver's License # _____ Birth Date _____

Place of Employment _____ State _____

Work Phone (____) _____ Ext. # _____

Name of Spouse or Significant Other _____

Driver's License # _____ Birth Date _____

Place of Employment _____ State _____

Work Phone (____) _____ Ext. # _____

What pet(s) are you considering to adopt? _____

If you have not chosen a pet, what is your preference as to breed, sex, size, length of hair, etc?

Is this your first pet? Yes _____ No _____

What pets do you currently own in your household? (Use the back for more room, if needed.)

1. Breed _____ Name _____ Age _____ Altered - Yes ___ No ___

Current on vaccinations - Rabies - Yes _____ No _____ DHLPP - Yes _____ No _____

Where is the animal kept? _____

2. Breed _____ Name _____ Age _____ Altered - Yes ___ No ___

Current on vaccinations - Rabies - Yes _____ No _____ DHLPP - Yes _____ No _____

Where is the animal kept? _____

3. Breed _____ Name _____ Age _____ Altered - Yes ___ No ___

Current on vaccinations - Rabies - Yes _____ No _____ DHLPP - Yes _____ No _____

Where is the animal kept? _____

4. Breed _____ Name _____ Age _____ Altered - Yes ___ No ___

Current on vaccinations - Rabies - Yes _____ No _____ DHLPP - Yes _____ No _____

Where is the animal kept? _____

5. Breed _____ Name _____ Age _____ Altered - Yes ___ No ___

Current on vaccinations - Rabies - Yes _____ No _____ DHLPP - Yes _____ No _____

Where is or will the animal(s) be kept?

Will this pet be kept in an area of the home that is strictly non-smoking?

Yes: _____ No: _____

Have you had other pets that you no longer have? If yes:

Breed _____ Name _____ Sex _____

Breed _____ Name _____ Sex _____

Why do you no longer have them? _____

Residence and Family:

Do you currently live in a: _____ house _____ apartment _____ condominium _____ mobile home park

Do you own your residence? Yes _____ No _____

If you rent, does your lease allow pets? Yes _____ No _____

What is your landlord's name and phone number?

Name _____ Phone (_____) _____

How long have you lived in the current address? _____

How many adults live in your household? _____ How many children? _____

What are the ages of the children living in the home? _____

Do all adults know and support your plan to adopt a pet? Yes _____ No _____

Do you or anyone living in the home have allergies to animals? Yes _____ No _____

If yes, to what kind of animals and how severe is the allergy? _____

Who will be responsible for the care of this pet? _____

Where will this animal be kept during the day? _____ night? _____

How many hours will it spend alone during the day? _____

Where will the animal be kept when alone? House _____ Hutch _____ Other _____

If "Other", explain: _____

Are you aware a small pet of this type might chew? Yes _____ No _____

How will you provide care for your animal when you are out of town?

Are you financially able to provide care for a new pet?

(supplies, vet care, etc.) Yes _____ No _____

Are you committed to take care of this or these animals for the rest of its life? Yes _____ No _____

Comments: _____

PERSONAL REFERENCES - Please list three personal references (not relatives)...

1. Name _____ Phone #: Home (_____) _____

Cell (_____) _____ Address _____

(Interviewer only) Reference's Remarks _____

2. Name _____ Phone #: Home (____) _____
Cell (____) _____ Address _____
(Interviewer only) Reference's Remarks

3. Name _____ Phone #: Home (____) _____
Cell (____) _____ Address _____
(Interviewer only) Reference's Remarks

Veterinarian:

Name _____ Phone #: Home (____) _____
Cell (____) _____ Address _____
(Interviewer only) Veterinarian's Remarks

The information above is true to the best of my knowledge.

Signature of Adopter _____ Date _____
Interviewer Signature _____ Date _____

WOULD YOU LIKE TO DONATE TO THE ANIMALS AT West Michigan Critter Haven?

Amount \$ _____ Cash or Check # _____

Contract Between Adopter and West Michigan Critter Haven

I know that West Michigan Critter Haven does not knowingly misrepresent any
Animal's age, breed, or condition of health, or temperament. If this animal proves to be
unsuitable, I MUST return him/her, but I understand the fee is NON-REFUNDABLE
UNLESS I AM OTHERWISE INFORMED.

Please read and initial each number:

____ 1. I agree to adopt this animal as my personal family pet I understand and agree that it is my responsibility to provide the proper food, shelter, and veterinary care along with a loving environment for the lifetime of this animal.

____ 2. I hereby acknowledge receiving the above described animal. I, also, agree that I will not allow this animal to run at large or to violate any applicable laws, ordinances, or regulations.

____ 3. If this animal currently has any visible health problems or injury, I agree to assume immediate, moral, physical, and financial responsibility for the proper veterinary treatment of the problem or injury.

____ 4. I will not use this animal for food, for myself or for another animal.

____ 5. I understand that West Michigan Critter Haven cannot be financially liable, if after adoption, the animal becomes ill or is unsuitable for my home.

____ 6. I understand that West Michigan Critter Haven cannot be held responsible for any destruction of property, injury to people or any other actions of the animal.

____ 7. I understand that West Michigan Critter Haven reserves the right to inspect the home environment of the animal I am adopting and that West Michigan Critter Haven can remove the animal if the terms of this contract are not being met.

____ 8. I agree not to allow this animal to be used for medical or other experimental purposes or be subject to any other form of mistreatment.

____ 9. I agree to keep the animal(s) indoors at all times. I will not house the animal(s) outside of the home in any type of structure, including a barn, garage, shed or hutch.

____ 10. I understand this animal is NOT to be sold or given away if it no longer fits into our home or lifestyle, the animal MUST be returned to West Michigan Critter Haven.

____ 11. I understand that my adoption fee is NON-REFUNDABLE unless this animal is diagnosed ill by a veterinarian within seven days of adoption and returned with the same seven days.

____ 12. I understand that this animal may not spayed or neutered and therefore must be kept separated from other animals of the opposite gender to prevent unintended pregnancies. This animal must not be used for breeding.

I hereby certify that I have read and agree with the terms of West Michigan Critter Haven binding this legal contract.

Signature of Adopter: _____ Date: _____