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|  | **HAVRE ANIMAL SHELTER** 520 4th Street Havre, MT 59501 406-265-2959  pfederspiel@ci.havre.mt.us  **Incomplete applications WILL NOT be considered** | | | | | | | | | | |
| **Name(s):** | | | | | | | | **Email:** | | | |
| **Address:** | | | | | | | | | | | |
| **City:** | | | | | **State:** | | | | **Zip:** | | |
| **Home Phone:**  **(****)** | | | | | **Work Phone:**  **(     )** | | | | **Cell:**  **(     )** | | |
| Name and ages of all household members: | | | | | | | Name of employer: | | | | |
| If you are interested in a particular animal, please enter its name here: | | | | | |  | | | | | |
| Have you ever owned an animal before? | | | | | | What happened to this animal? | | | | | |
| Do you own or rent? | | | | If you rent, please provide landlord's name and phone number: | | | | | | | |
| Do you have a fenced yard? (Dogs only) | | | | | | If yes, how tall is the fence? | | | | What type of fence? | |
| Have you or anyone in your household ever had to re-home, relinquish, or surrender an animal in the past? | | | | | | | | | | | |
| If so, please explain the circumstances: | | | | | | | | | | | |
| Have you or anyone in your household been issued a warning or citation for an animal related offense (dog at large, barking dog, animal cruelty ect.) | | | | | | | | | | | |
| Please list all pets in household (include name, type, breed, age, and sex): | | | | | | | | | | | |
| Spayed or neutered? | | | | | | If no, why? | | | | | |
| Are the pets in the household up to date on vaccinations? | | | | | | | | | | | |
| Name of the current veterinarian? | | | | | | | | | | | |
| Name of the animal owner with the veterinarian? | | | | | | | | | | | |
| Are you currently on State/Federal supervision (Probation/Parole) | | | | | | Would you allow a home visit? | | | | | |
|  | | | | | | | | | | | |
| **I am in full agreement with the attached Terms of Adoption and understand that if I ever relinquish the animal that said animal must be returned to the Havre Animal Shelter or their designated representative. By submitting this application, I am attesting to the truthfulness of my answers. I understand that falsification of any information given in this application or in any other medium will be grounds to disallow the adoption of an animal.**  **An adoption fee of $95 for dogs and $50 for cats to help cover the costs of spay/neuter, vaccinations, and other costs incurred, is due at the time of placement. Submission of your application does not guarantee placement of a dog. I understand that a vet reference and a home visit may be required for adoption and that the Havre Animal Shelter reserves the right to refuse any applicant for any reason.**   |  |  |  |  | | --- | --- | --- | --- | | **Applicant SIGNATURE**: |  | **DATE**: |  | | **Co-Applicant SIGNATURE**: |  | **DATE**: |  | | | | | | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | | | | | |
| Home check date: | | | Home check completed by: | | | | | | | | |
| Home check notes/issues: | | | | | | | | | | | |
| Date references contacted: | | | References contacted by: | | | | | | | | |
| Reference notes/issues: | | | | | | | | | | | |
| Approved for adoption:  Yes  No | | Signature | | | | | | | | | Date: |

**(Signed at the time of Adoption)**

**ANIMAL ADOPTION FORM**

**Reference Number**

**Adoption Number**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title, First Names & Surname: | | | | | paid | | | | | | | |
| Address & Postcode: | | | | | **,** | | | | | | | |
| Daytime Telephone Number: | | | | |  | | | Evening Telephone Number: | | |  | |
|  | | | | | | | | | | | | |
| **DECLARATION** | | | | | | | | | | | | |
| In consideration of receiving from **Havre Animal Shelter** | | | | | | | | | | | | |
| One animal of the following description: | | | | | |  | | | | | | |
| Microchip No. | |  | | | | | Breed |  | Age |  | | |
| Name |  | | Sex | |  | | Colour |  | Neutered: | | |  |
| ANY EXISTING CONDITIONS/SYMPTOMS | | | | | | |  | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | (These conditions may not be covered by our pet insurance)am over 18 years of age and hereby undertake with the said society as follows to:   1. NOT PART WITH THE POSSESSION OF THE ANIMAL EXCEPT TO RETURN IT TO THE ABOVE SHELTER BY PRIOR ARRANGEMENT IF FOR ANY REASON I AM UNABLE TO KEEP THE ANIMAL. 2. Feed, water and house the animal to our satisfaction. 3. Provide qualified veterinary treatment in cases of injury or illness. And to establish a schedule for preventative care to include vaccinations. 4. Not use the animal for breeding purposes. 5. Have the animal spayed or neutered if this has not been done already, unless there are overriding veterinary reasons why the operation should not be carried out. 6. Ensure that my name and address is permanently engraved on the collar, or on disc attached thereto. 7. Notify the Police and us within 24 hours should the said animal become lost or missing. In cases of lost/missing dogs please also check your local authority stray dog register. 8. Permit an authorized member or official to visit my premises from time to time to be assured that the animal is happily settled. 9. Exercise the animal regularly (and in the case of a dog, not to chain the animal except when absolutely necessary when a running chain shall be used); and not leave the animal without company for extended periods. 10. Allow us to repossess the animal if, in our opinion, the terms of this agreement are not being reasonably adhered to. 11. I have also read and agree to abide by the CONDITIONS printed on the reverse side of this adoption form.    I further acknowledge that I am aware that animals are different from human beings in their response to human actions and their actions are often unpredictable; that the CITY OF HAVRE ANIMAL SHELTER MAKES NO CLAIMS OR REPRESENTATIONS AS TO THE BEHAVIOR OR TEMPERMENT OF THE ABOVE ANIMAL; that I and members of my household have been afforded full opportunity to determine the suitability of the behavior and temperment of the animal and I ACCEPT THE ANIMAL AT MY OWN RISK, hereby releasing and waiving any right which I may now or in the future for any damages to person or property cause by said animal.  I further agree to indemnify, defend and save harmless the CITY OF HAVRE AND CITY OF HAVRE ANIMAL SHELTER from and against any and all claims or liability for damage to person and property hereafter caused by said animal.  I fully understand that the fee given to the CITY OF HAVRE ANIMAL SHELTER for this animal is not refundable.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | DATED THIS |  | | | SIGNED BY | | IN THE PRESENCE OF | |  | | | | ANIMAL CENTRE No. & ADDRESS: | | | Havre Animal Shelter 195 12th Avenue West, Havre, MT 59501 Tel: 406-265-2959 | | | | | | | |  |  | | |  | |  | |  | | | |  | | |  | | | | | | | | | | | | | | |
| **Adoption Policy**   1. Incomplete or false information on the application will be cause for termination of the adoption process. 2. The adoption will not be considered if the landlord does not allow animals. MSU-N residents must have a letter from the Dean of Students prior to the adoption. 3. All residence must have a fenced yard or a plan for the housing of the animal prior to adoption. 4. All animals in the residence must be current on vaccinations prior to completion of the adoption process. 5. If you are currently on Probation/Parole the supervising agent must approve of the animal being adopted. 6. The Shelter Staff reserves the right to terminate the adoption process for any reason. | | | | | | | | | | | | |
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