

DATE: _____

Title Page

NAME OF ANIMAL: _____

DOG _____ CAT _____ PUPPY _____ KITTEN _____

**HERKIMER COUNTY HUMANE SOCIETY
P.O. BOX 73, MOHAWK, NEW YORK 13407
PHONE: (315) 866-3255; FAX: (315) 866-5086**

**ADOPTION POLICIES AND FEES
PLEASE READ CAREFULLY BEFORE COMPLETING ADOPTION APPLICATION**

POLICIES:

1. You must be at least 21 years of age to adopt any animal. Please be prepared to show a photo ID. A driver's license is preferred.
2. Puppies and Kittens under 4 months old WILL NOT BE ADOPTED into homes with children under 5 years.
3. No dog can leave the Herkimer County Humane Society without a New York State dog license. They are available from your Town Clerk or the Town of German Flatts Clerk between the hours of 9:00 a.m. to 4:00 p.m., Monday through Friday.
4. No cat can leave the Herkimer County Humane Society without being in a carrier. You may bring your own or purchase a cardboard carrier from the Herkimer County Humane Society for \$5.00.
5. There is a mandatory waiting period of at least 24 hours before final approval of any application. Your references and application information will be verified by the Chairs of the Shelter Committee. A decision is made on the basis of what is the **BEST HOME FOR THE ANIMAL AND NOT ON A FIRST APPLICATION FILED BASIS. ANY DECISION MADE BY THE CHAIRS OF THE SHELTER COMMITTEE IS FINAL.**
6. **THE HERKIMER COUNTY HUMANE SOCIETY RESERVES THE RIGHT TO DENY ANY ADOPTION APPLICATION.**
7. If for any reason, you can no longer care for your adopted pet, the pet MAY BE RETURNED TO THE HERKIMER COUNTY HUMANE SOCIETY (NOTE: PLEASE SEE PARAGRAPH 8 OF THE ADOPTION CONTRACT).

FEES:

- A. **Adult Dogs - (Dogs that have already been spayed or neutered):** **\$80.00.** This fee includes distemper vaccine and worming. Twelve weeks of age and up also includes rabies vaccine (1 year).
- B. **Puppies - (Dogs that have NOT already been spayed or neutered):** **\$140.00.** This fee includes a \$60.00 deposit as per NYS Spay/Neuter Law, Section 377-a of Article 26. The total deposit of \$60.00 is refundable in full in the animal is altered within 30 days of turning six (6) months old. **PLEASE NOTE:** **This \$60.00 fee is the only fee that is refundable when an animal is spay or neutered after leaving the Herkimer County Humane Society. The Herkimer County Humane Society will NOT refund any fees to individuals for spay/neuter that was done after the animal left the Herkimer County Humane Society. PLEASE SEE ADDITIONAL FORM FOR UNALTERED ANIMALS.**
- C. **Adult Cats - (Cats that have already been spayed or neutered):** **\$50.00.** This fee includes distemper vaccine and worming. Twelve weeks of age and up also include rabies vaccine (1 year) and Felv/Fiv Test. There is an additional \$5.00 charge for the Felv/Fiv Test. **PLEASE NOTE:** There is no Felv/Fiv Test for kittens under twelve (12) weeks of age.
- D. **Kittens - (Cats that have NOT already been spayed or neutered):** **\$85.00.** This fee includes a \$35.00 deposit as per NYS Spay/Neuter Law, Section 377-a of Article 26. The \$35.00 deposit is refundable in full if the animal is altered within 30 days of turning six (6) months old. **PLEASE NOTE:** **This \$35.00 fee is the only fee that is refundable when an animal is spay or neutered after leaving the Herkimer County Humane Society. The Herkimer County Humane Society will NOT refund any fees to individuals for spay/neuter that was done after the animal left the Herkimer County Humane Society. PLEASE SEE ADDITIONAL FORM FOR UNALTERED ANIMALS.**

This application is based on a recommendation of the Humane Society of the United States.

HERKIMER COUNTY HUMANE SOCIETY

•ADOPTER COPY•

P.O. BOX 73, MOHAWK, NEW YORK 13407
PHONE: (315) 866-3255; FAX: (315) 866-5086

•ADOPTER COPY•

PET ADOPTION CONTRACT

DATE: _____ CONTROL NUMBER _____

NAME/BREED _____ AGE: _____ SEX: _____ COLOR: _____

IMPORTANT - READ BEFORE SIGNING:

1. I hereby acknowledge receiving the above animal.
2. I agree to provide proper food, water, adequate shelter, and kind treatment to my pet at all times.
3. I agree to have my pet examined by a veterinarian **WITHIN TEN DAYS**. I further agree to take my animal to a veterinarian for routine examinations and to procure immediate veterinary care should the animal become ill or injured.
4. I agree to **LICENSE** my pet in accordance with state and local ordinances.
5. I agree to keep my pet under supervision and restraint or confinement such that he/she is not roaming unsupervised.
6. I agree to assume **ALL RISKS AND OBLIGATIONS OF OWNERSHIP**. I understand that the Herkimer County Humane Society cannot guarantee or warrant the **DISPOSITION, BEHAVIOR, CONDITIONS OR ACTS OF THIS ANIMAL. I WILL NOT HOLD THE HERKIMER COUNTY HUMANE SOCIETY RESPONSIBLE FOR ILLNESS OR FOR ANY DAMAGES THAT THE ANIMAL MAY DO TO ANY PERSON OR PROPERTY. (SEE PARAGRAPH 10 BELOW)**
7. I agree that the Herkimer County Humane Society retains superior title in said animal limited to and for the express purpose of assuring the animal's well being and will only exercise its superior claim in the event that it appears that the proper and humane care as specified in the above adoption provisions are not being afforded in which case the animal may be taken through a claim and delivery proceeding – Pursuant to Article 26 of the Agriculture and Market Law of the State of New York.
8. If I should return the animal **WITHIN 30 DAYS** of my adoption to the Herkimer County Humane Society, **I WILL NOT BE REQUIRED TO PAY ANY CURRENT OWNER SURRENDER FEE.** However, **I WILL NOT BE ENTITLED TO ANY REFUND OF MY ORIGINAL ADOPTION FEE.** I agree that the Herkimer County Humane Society will then have superior title over said animal.
9. If I should return the animal **AFTER 30 DAYS** to the Herkimer County Humane Society, **I WILL BE REQUIRED TO PAY ANY OWNER SURRENDER FEE. NOTE: I WILL ALSO NOT BE ENTITLED TO A REFUND OF MY ORIGINAL ADOPTION FEE.**
10. I agree that upon my signing of this contract, the animal that I am adopting is **MY SOLE RESPONSIBILITY**. This responsibility includes, but is not limited to: the animal biting myself, any member of my family or anyone who comes into contact with said animal or does damage in some other way. I agree that as the person solely responsible for said animal, I will either work with the animal for better training, i.e keeping the animal out of situations where the animal may bite or hiring a professional trainer to work with said animal. If none of this training is an option for any reason, I agree that I will have the animal humanely euthanized **WITHOUT RETURNING THE ANIMAL TO THE HERKIMER COUNTY HUMANE SOCIETY** for euthanasia at my personal expense.

THE HERKIMER COUNTY HUMANE SOCIETY PROMOTES SPAY/NEUTER AS THE ONLY WAY TO COMBAT PET OVERPOPULATION. IT IS IMPERATIVE THAT ANY PET ADOPTED FROM THE HERKIMER COUNTY HUMANE SOCIETY BE SPAYED/NEUTERED BY THE TIME STATED IF IT HAS NOT BEEN DONE AT THE TIME OF ADOPTION

SPAY/NEUTER DATE: _____

I, _____, the undersigned, agree that I have read the above statements and fully understand all facts. If this agreement is not followed, **I WILL FORFEIT MY RIGHT TO OWNERSHIP OF SAID ANIMAL.**

Signature: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City/Town: _____ State: _____ Zip Code: _____
 HCHS Agent: _____ Adoption Donation: _____

•ADOPTER COPY•

•ADOPTER COPY•

•ADOPTER COPY•

PET ADOPTION CONTRACT

DATE: _____ CONTROL NUMBER _____

NAME/BREED _____ AGE: _____ SEX: _____ COLOR: _____

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3. I agree to have my pet examined by a veterinarian **WITHIN TEN DAYS**. I further agree to take my animal to a veterinarian for routine examinations and to procure immediate veterinary care should the animal become ill or injured.
4. I agree to **LICENSE** my pet in accordance with state and local ordinances.
5. I agree to keep my pet under supervision and restraint or confinement such that he/she is not roaming unsupervised.
6. I agree to assume **ALL RISKS AND OBLIGATIONS OF OWNERSHIP**. I understand that the Herkimer County Humane Society cannot guarantee or warrant the **DISPOSITION, BEHAVIOR, CONDITIONS OR ACTS OF THIS ANIMAL. I WILL NOT HOLD THE HERKIMER COUNTY HUMANE SOCIETY RESPONSIBLE FOR ILLNESS OR FOR ANY DAMAGES THAT THE ANIMAL MAY DO TO ANY PERSON OR PROPERTY. (SEE PARAGRAPH 10 BELOW)**
9. I agree that the Herkimer County Humane Society retains superior title in said animal limited to and for the express purpose of assuring the animal's well being and will only exercise its superior claim in the event that it appears that the proper and humane care as specified in the above adoption provisions are not being afforded in which case the animal may be taken through a claim and delivery proceeding – Pursuant to Article 26 of the Agriculture and Market Law of the State of New York.
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SPAY/NEUTER DATE: _____

I, _____, the undersigned, agree that I have read the above statements and fully understand all facts. If this agreement is not followed, **I WILL FORFEIT MY RIGHT TO OWNERSHIP OF SAID ANIMAL.**

Signature: _____
Address: _____
City/Town: _____
HCHS Agent: _____

Home Phone: _____
Work Phone: _____
State: _____ Zip Code: _____
Adoption Donation: _____

**HERKIMER COUNTY HUMANE SOCIETY
P.O. BOX 73, MOHAWK, NEW YORK 13407
PHONE: (315) 866-3255; FAX: (315) 866-5086**

This questionnaire will assist you and us to determine if your household is ready to properly care for a rescued animal. Thank you for taking the time to fill it out:

Adopters Name: _____ Are you at least 21 years of age? _____
Drivers license/Photo ID: _____

Street Address (No P.O. Box) _____ Email: _____

City/Town/Village: _____ State: _____

County: _____ Zip Code: _____

Telephone: Home: _____ Work: _____ Cell: _____

Place of Employment: _____

Place of Employment/Spouse: _____

Do you live in a: _____ House _____ Apartment _____ Mobile Home
Do You: _____ Own _____ Rent – Landlord's Name: _____
Landlord's Phone No.: _____

How long have you lived at this address? _____. Do you plan to move in the next 6 months: _____

How many people live in your household? _____ Number/ages of children: _____

Do any members of your household have allergies to animals? _____; What animals? _____

Do **ALL** members of your household know that you are considering adopting a pet? _____
If not, please explain: _____

Is this pet specifically for your household? _____ If not, please explain: _____

Please give two personal references: **DO NOT** include family members or anyone living with you:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

HERKIMER COUNTY HUMANE SOCIETY

Questionnaire – Page –2-

About Your Pets:

Have you previously owned pets? Yes No
If yes, what happened to them? _____

Do you own any pets now? Yes No
If yes, how many? Dog(s) Cat(s) Other

Where do your pets live? Inside Outside Both (specify) _____

Are your pets' shots up to date? Yes No
If not, why? _____

Are your pets licensed? Yes No
If not, why? _____

Which veterinarian will you use? _____
If this is not your current vet, please give your current vet: _____
Veterinarian's Phone Number: _____

About the pet you would like to adopt

What type of pet is it? Dog Cat Puppy Kitten

Why are you adopting?
DOG Companionship Hunting Guard Dog Breeding Gift
CAT Companionship Mouser Breeding Gift

Where will the animal be housed? Inside Outside Both, specify _____

How many hours each day will your pet be alone? _____

Where will the pet stay when you are not home?
 Loose Inside Crate Confined Inside
 Loose Outside Kennel/Run Outside
 Tied/Chained outside
 Other: _____

Is your yard securely fenced? Yes No

How do you plan to exercise your DOG?
 Run Loose Leash walked
 Fenced Area
 Other: _____

If the animal is outside other than with supervision, what shelter is available?
 Dog House Covered Area/Porch
 Trees Not Outside Alone
 Other: _____

Who will care for your pet while you are on vacation? Kennel Other: _____

HERKIMER COUNTY HUMANE SOCIETY

Questionnaire – Page –3-

What problems or circumstances would make you return a pet to us?

Barking Chewing Shedding Shyness/Other Fears
 Activity Level Jumping Up Digging Scratching
 Moving Cost of Care Other: _____

NO circumstances would make you return a pet to us.

Are you aware of potential veterinarian costs and are you prepared to pay them? Yes No

Have you ever given up an adopted pet before? Yes No

Why? And to Whom? (please explain) _____

Are you prepared to offer this pet a lifetime home? Yes No

Are you willing to sign a legal contract agreeing to responsible pet ownership and proper humane care?
 Yes No

CONTRACT ON NEXT PAGE – PLEASE READ AND SIGN BOTH COPIES

UNALTERED ANIMALS – DOG/PUPPIES

DATE: _____
NAME OF ANIMAL: _____
DOG ____ PUPPY ____

HERKIMER COUNTY HUMANE SOCIETY
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**DEPOSIT FORM FOR ADOPTION OF
UNALTERED ANIMALS – DOGS/PUPPIES**

The Herkimer County Humane Society now requires a Sixty Dollar (\$60.00) deposit for the adoption of **ANY DOG OR PUPPY** which is not spayed or neutered when leaving the Herkimer County Humane Society. This fee is in association with the NYS Spay/Neuter Law, Section 377-a of Article 26, which went into effect in 1995. This law requires all animals adopted from shelters to be spayed/neutered.

- **Dogs six (6) months of age and over must be spayed/neutered:**
Within thirty (30) days of the adoption date – unless a pending appointment for spay/neuter has been made through the Herkimer County Humane Society, then that date will prevail.

- **Puppies six (6) months of age and under must be spayed/neutered:**
Within thirty (30) days after turning six (6) months of age – **date determined by shelter.**
Unless a pending appointment for spay/neuter has been made through the Herkimer County Humane Society, then that date will prevail

- The deposit of \$60.00 will then be returned upon the submission of a veterinarian’s certificate, indicating that the animal has been spayed or neutered, together with this form.

- **The veterinarian’s certificate and this form must be submitted to the Herkimer County Humane Society:**

- Within Ninety (90) days of the adoption of a dog six months of age and over;
- Within Sixty (60) days of the puppy turning six (6) months of age.

All deposits will be returned in the form of a check, and will not be available immediately upon request. The Herkimer County Humane Society will advise the time-frame in which the refund checks will be dispersed. Any deposit not claimed within the specified time-frame as set by the Herkimer County Humane Society will be non-refundable and submitted to the NYS Department of Agriculture and Markets to provide additional funding for the Animal Population Control Fund.

REQUEST FOR REFUND FORM

Control Number: _____
Date of Adoption: _____
Age at Adoption: _____
• To be age six (6) months on: _____
Must Spay/Neuter by: _____
Must Request Refund by: _____

I have read and understand the terms and conditions by which my deposit will be refunded.

Signature of Adopter

Address of Adopter

Print Name of Adopter

Phone No. of Adopter

Herkimer County Humane Society

UNALTERED ANIMALS – CAT/KITTENS

DATE: _____
NAME OF ANIMAL: _____
CAT _____ KITTEN _____

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**DEPOSIT FORM FOR ADOPTION OF
UNALTERED ANIMALS – CATS/KITTENS**

The Herkimer County Humane Society now requires a Thirty-Five Dollar (\$35.00) deposit for the adoption of **ANY CAT OR KITTEN** which is not spayed or neutered when leaving the Herkimer County Humane Society. This fee is in association with the NYS Spay/Neuter Law, Section 377-a of Article 26, which went into effect in 1995. This law requires all animals adopted from shelters to be spayed/neutered.

- **Cats six (6) months of age and over must be spayed/neutered:**
Within thirty (30) days of the adoption date - unless a pending appointment for spay/neuter has been made through the Herkimer County Humane Society, then that date will prevail.

- **Kittens six (6) months of age and under must be spayed/neutered:**
Within thirty (30) days after turning six (6) months of age – **date determined by shelter.**
Unless a pending appointment for spay/neuter has been made through the Herkimer County Humane Society, then that date will prevail.

- The deposit of \$35.00 will then be returned upon the submission of a veterinarian’s certificate, indicating that the animal has been spayed or neutered, together with this form.
- **The veterinarian’s certificate and this form must be submitted to the Herkimer County Humane Society:**
- Within Ninety (90) days of the adoption of a cat six months of age and over;
- Within Sixty (60) days of the kitten turning six (6) months of age.

All deposits will be returned in the form of a check, and will not be available immediately upon request. The Herkimer County Humane Society will advise the time-frame in which the refund checks will be dispersed. Any deposit not claimed within the specified time-frame as set by the Herkimer County Humane Society will be non-refundable and submitted to the NYS Department of Agriculture and Markets to provide additional funding for the Animal Population Control Fund.

REQUEST FOR REFUND FORM

Control Number: _____
Date of Adoption: _____
Age at Adoption: _____

- To be age six (6) months on: _____
Must Spay/Neuter by: _____
Must Request Refund by: _____

I have read and understand the terms and conditions by which my deposit will be refunded.

Signature of Adopter

Address of Adopter

Print Name of Adopter

Phone No. of Adopter

Herkimer County Humane Society

