

**ADOPTION AGREEMENT**  
**HUMANE SOCIETY OF SCOTT COUNTY, IN. Inc.**  
P.O. Box 711, Scottsburg, IN 47170 Phone (812) 752-7500

Date of Adoption \_\_\_\_/\_\_\_\_/\_\_\_\_

Pet ID # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ E-Mail \_\_\_\_\_  
Zip \_\_\_\_\_

PET DESC: Nick Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

DOG \_\_\_ PUPPY \_\_\_ CAT \_\_\_ KITTEN \_\_\_ MALE \_\_\_ FEMALE \_\_\_  
Has Been: Altered: Yes [  ] No [  ]

Rabies : Yes [  ] No [  ]

Please Read and Initial each [ ]

[ ] I hereby acknowledge receipt of the above described pet from Humane Society of Scott County, IN. Inc. (The Humane Society).

[ ] I agree to provide humane care and treatment for this pet and to license and restrain in accordance with all applicable pet laws. I agree to provide medical treatment if needed throughout the life of this pet. I also agree that this pet shall not be used for any experimental or medical purposes. I further agree that The Humane Society or their representative may examine said pet's home at any time from the execution of this agreement and if not satisfied with the conditions under which this pet is being kept, may reclaim the animal back into the care of The Humane Society.

[ ] I agree to return the adopted animal to the Scott County Animal Shelter, Scottsburg Indiana if I can no longer keep the animal for any reason. I agree to contact the Humane Society of Scott County prior to return and will not leave or return to any other shelter. If I find a good home for said animal that meet the requirements set forth herein, I will notify the Humane Society of the new owner's name, address and phone number.

[ ] I agree that my pet will wear identification tag and rabies tag at all times.

\*[ ] I wish to have my dog heartworm tested prior to taking the dog off Animal Shelter premises. I understand there is a \$20.00 additional charge for this service. Once I this testing is completed, I recognize the monthly preventative will be owner's responsibility.

\*[ ] I waive heartworm test and assume complete responsibility of said animal's health from this point forward.

[ ] I agree to take this pet to a local licensed veterinarian within 3 working days for a complete physical, booster shots and any necessary medical treatment. I agree to pay for all medications needed now and throughout the life of the pet.

[ ] I FURTHER AGREE TO MAKE AN APPOINTMENT WITH THE APPROVED HUMANE SOCIETY VETERINARIAN WITHIN 15 DAYS OF ADOPTION TO SCHEDULE SPAY/NEUTER AND RABIES VACCINE IF NOT SCHEDULED AT TIME OF ADOPTION. Scott County Ordinance require all Scott Co. Shelter Animals that are adopted be Spayed/Neutered. Humane Society reserves the right to reclaim said animal if breach of agreement occurs.

[ ] THE HUMANE SOCIETY OR ANY ADOPTION FACILITY MAKES NO CLAIMS, GUARANTEES, OR REPRESENTATIONS WHAT SO EVER REGARDING THE BEHAVIOR, TEMPERAMENT OR HEALTH OF ANY ANIMAL PLACED FOR ADOPTION.

[ ] With full knowledge of the above, I accept possession and title to the pet herein listed, entirely at my own risk. I hereby voluntarily release and waive any right against The Humane Society of Scott County, IN Inc. or any Adoption Facility which may adopt Humane Society animals now or in the future, for any damages caused by said animal.

SIGNATURE X \_\_\_\_\_ DOB \_\_\_\_\_ DLN \_\_\_\_\_

STAFF MEMBER X \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ DOG \$ \_\_\_\_\_ CAT \$ \_\_\_\_\_ Please Print  
Check [  ] Cash [  ]

SCHEDULED DATE OF SPAY/NEUTER: \_\_\_\_\_  
IF UNDER 6 MONTHS, SPAY/NEUTER MUST BE COMPLETED AT 6 MONTHS OF AGE

**Spay / Neuter, Rabies Certificate**  
**HUMANE SOCIETY OF SCOTT COUNTY, IN. Inc.**  
P.O. Box 711, Scottsburg, IN 47170 Phone (812) 752-7500

Date of Adoption \_\_\_/\_\_\_/\_\_\_ Pet ID # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ E-Mail \_\_\_\_\_ Zip \_\_\_\_\_

PET DESC: Nick Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

DOG \_\_\_ PUPPY \_\_\_ CAT \_\_\_ KITTEN \_\_\_ MALE \_\_\_ FEMALE \_\_\_

Good For:

Altered: No [  ] Yes [  ]

Good For:

Rabies : No [  ] Yes [  ]

**THIS VOUCHER REPRESENTS PAYMENT FOR SERVICES OF SPAY/NEUTER AND RABIES VACCINE.**  
At the approved Veterinary Clinics Listed Below Only. All other charges are Adaptors' responsibility

Detach this page and SUBMIT TO VETERINARIAN AT TIME OF APPOINTMENT

**APPROVED VETERINARIANS:**

**Southern Indiana Equine / 2943 N. Slab Road, / Austin, IN (812)-754-0341**

**St Clair Veterinary Clinic / 706 S. Gardner / Scottsburg, IN ( 812) 752-2753**

- 
- Note: Voucher expires Six Months from Date of Adoption. Scott County Ordinance requires All Scott County Animal Shelter Pets adopted through the Humane Society of Scott County In., Be Spayed or Neutered and State Law requires a Yearly Rabies Shot by a Veterinarian.
  - Contact one the above Veterinarian Clinics listed above and make an appointment for the surgery. Your pet's vaccinations must be current. Please review your pet's health record which you received at time of adoption to determine additional shots and boosters that are needed.
  - Be sure to take the Health Record with you when your pet visits your Veterinarian the first time.
  - This certificate covers the cost of spay / neuter surgery and rabies shot only. Additional services such as heartworm testing and prevention, FIV/FelV testing, blood work, kennel cough, etc may be suggested or required by the clinic and are not covered by this certificate.
  - Follow the Clinics instructions prior to taking your pet in for surgery. Due to the use of anathisa all vets require that your pet not have food or water any later than 08:00 pm the evening before surgery. Consult you Veterinarian for guidelines.

SIGNATURE  X  \_\_\_\_\_ DOB \_\_\_\_\_ DLN \_\_\_\_\_

STAFF MEMBER  X  \_\_\_\_\_

Please Print

SCHEDULED DATE OF SPAY/NEUTER: \_\_\_\_\_  
IF UNDER 6 MONTHS, SPAY/NEUTER MUST BE COMPLETED AT 6 MONTHS OF AGE

---

**\*\*\*\* VOUCHER EXPIRES SIX MONTHS FROM DATE OF ADOPTION\*\*\*\***

SAMPLE