

Morgan County Humane Society

83 Gum Springs Cut-Off Road * Hartselle, AL 35640
(256) 773-7222 * Mchsal35640@gmail.com
www.morgancountyhumanesociety.com

ADOPTION FORM

Applicants NameAddress		Home	Home <u>(</u>)
		Work	()
City	State Zip	Cell	_()
Email Address			
A home vis	it has been schedule with:		
It is importo less than ar	ant that all members of the household be presen	nt when visited. The	visit should take
Reason for	adoption:		
To be comp	leted:		
1. Add	ress confirmation		
;	a. Current driver's license		
1	b. Lease, property tax bills, or utility bill		
2. Ren	tal Permission		
	 Lease, specifically allowing pets, size, type ar 		
	b. Lease Addendum, stating you may have this		
•	 Letter on Stationary or Letterhead stating yo 	u may have this pet	and signed by an
	authorized agent.		
(d. If Letterhead is not available, a signed letter		er that we may
	call for verification, along with a copy of the	signed Lease OR	
	Condominium Association By-Laws		
	ily Members/ Roommates:		
	a. How many Children	_	
	b. Ages		



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- c. Other household members
- 4. Any pets adopted from MCHS must have a secured exercise area (fenced yard, etc.) No animals adopted from MCHS may be chained or otherwise tethered. MCHS has the right to reclaim the animal if this is violated.
- 5. The Adoptee agrees to have the animal sterilized within the first three (3) months of the adoption date, if not already done.
- 6. AGREEMENT not to DECLAW. You promise not to declaw this cat. You agree that declawing consists of amputating not just the claws, but the whole phalanx (up to the joint), including bones, ligaments, and tendons. Declawing is not a "simple" single surgery, but 10 separate, painful amputations of the third phalanx up to the last joint of each toe. You agree that declawing can cause serious physical, psychological and behavioral complications. You understand that scratching is normal cat behavior and you will provide scratching pads and keep their nails trimmed.

If Morgan County Humane Society determines that the animal you have applied for has become unadoptable for reasons of health or behavior, or if its rightful owner reclaims it, then your application may be considered on another animal. In cases where there is confusion about which application was received or approved first, the decision of the Director or designated representative will be final.

	_
Signature of Applicant	Date
MCHS Representative	Date

Liquidated Damages Clause

Liquidated Damages: Adopter agrees to pay Morgan County Humane Society the sum of \$150.00 as liquidated damages in the event the terms of this contract are breeched: this liquidated damage value is agreed to the purpose of establishing value of the animal and does not bas Morgan County Humane Society from seeking return of the animal by judicial process or other legal means.

Animal Name/Number	



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MCHS Representative/Witness

Attorney's Fees and Court Costs: Adopter agrees to pay reasonable Attorney's Fees and court costs in he even this matter is forwarded to an attorney for enforcement.

	Disclosure and Release Clause
l,	, the undersigned, do hereby declare that
I am a	ware:
1. 2. 3. 4.	That animals are different than human beings in their response to human actions. That the actions of animals are often unpredictable, That animals should be closely supervised when they interact with children. That an animal's behavior may change after they leave the shelter and becomes acclimated to the home or difference environments; and Morgan County Humane Society makes no claims or representations as to the temperament, health, or mental disposition of any animal put up for adoption.
	Possession and Responsibility
respor Societ future	by accept possession of, title to (subject to conditions in the adoption contract), and asibility for the identified above and release and discharge Morgan County Humane of forever from liability of any injury or damages to any person or property caused in the by said animal, and from any causes of action, claims, suits, or demands whatsoever that rise as a result of such injury or damages.
Signa	ture of Applicant Date

Date