

# Twin County Humane Society

P.O. Box 125, Hillsville, VA, 24343 | Helpline: (276) 728-4038 | [twincountyhumanesociety.org](http://twincountyhumanesociety.org)  
[info@twincountyhumanesociety.org](mailto:info@twincountyhumanesociety.org) | [facebook.com/twincountyhumanesociety](https://facebook.com/twincountyhumanesociety)

**\*Please remember adoption is a privilege and we reserve the right to deny any adoption application. Incomplete applications will NOT be considered. The more information you can provide the better. False information will be an immediate denial.**

I attest that I do not currently have any dogs tied or chained for the purpose of long term restraint or housing and that I will not tie or chain the dog I am applying to adopt. Initial \_\_\_\_\_

If you intend to tie your dog out for the purpose of bathroom breaks, how long will you leave the dog tied?

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_) \_\_\_\_\_

Best time to call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Will the pet reside at the address indicated above? Y N

Do you own or rent your home? \_\_\_\_\_

If you rent, do you have your landlord's permission to have pets? \_\_\_\_\_

If you rent, we will need to contact your landlord. Please provide their name and phone number \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ Fence Type \_\_\_\_\_

Fence Height \_\_\_\_\_

If no, how will the dog get exercise, etc. \_\_\_\_\_

How many adults in your household? \_\_\_\_\_

How many children and ages \_\_\_\_\_

Are all family members in agreement about adopting this dog? \_\_\_\_\_

Do you own other dogs? \_\_\_\_\_ Cats? \_\_\_\_\_ Other pets? \_\_\_\_\_

Please list all pets you own now and give names, breeds and ages

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Are they spayed or neutered? \_\_\_\_\_

Do you have a regular veterinarian? \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_

Where will the dog spend the day? \_\_\_\_\_

How and where would it be confined? \_\_\_\_\_

How many hours will the dog spend alone? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

Do you agree to license this dog and give it regular health care? \_\_\_\_\_

Do you provide regular heart worm preventative and flea preventative for your  
pets? \_\_\_\_\_

Do you agree to contact the Twin Co. Humane Society if you can no longer keep this  
animal? \_\_\_\_\_

Will you allow a representative of Twin County Humane Society to visit your home? \_\_\_\_\_

If no, why \_\_\_\_\_

Please give a brief description of the type of dog you are looking for, such as size, male or  
female, age, temperament, etc.

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I acknowledge that all the above information is current and accurate to the best of my knowledge  
and that any willful misrepresentations will result in the termination of any adoption procedures.  
The TCHS reserves the right to remove the animal from my home if it is determined I am not  
providing the care it needs. I am able to provide verification of name and address.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please understand the above conditions must be met to ensure that the adopted animal does not end up back at  
the shelter, turned out onto the streets, or in another neglectful home. It is our hope to find these animals  
permanent, loving families. We encourage all adopters to call us if they have any questions regarding any  
aspects of their new family member.

I certify that all statements made by me on this adoption contract are true and correct. I agree that the  
current rescuer/owner has the right to confiscate the above-mentioned animal in the event that any  
statements made by me are found to be false, the animal is found after adoption not being cared for in  
an adequate/humane manor, and/or the contract is found to have been violated in any manner.

**I attest that I have never been convicted on any charges of animal neglect, abandonment, or cruelty.**

Adopters Signature: \_\_\_\_\_

Humane Society Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Adopter should take the animal to the vet of their choice to determine any preexisting conditions that we are not aware of and cannot be held accountable for due to the fact that these animals are rescues and we sometimes do not have a full history on them. Please monitor pets closely during the first month of adoption in order to quickly form a strong bond and to ensure feelings of security. Provide toys to reduce boredom and to discourage chewing of your valuables. Leave your pets alone for gradually increasing periods of time in order to prevent panic and feelings of abandonment. If for any reason you are not happy with your companion animal, or need training guidance, please contact Twin County Humane Society representatives.

**\*Legal Notification\***

All dogs and cats adopted or received from releasing agencies are required to be sterilized in accordance with article 6.1 of Chapter 27.4 of Title 3.1 of the Code of Virginia, Sections 3.1-796.126:1 through 3.1-796.126:7. Any person who violates this article is subject to a civil penalty.

The new owner must agree to have the animal sterilized by a licensed veterinarian (1) within thirty days of the adoption if the animal is sexually mature, or (2) within thirty days after the animal reaches six months of age. The new owner shall, within seven days of the sterilization, cause to be delivered or mailed to the releasing agency written confirmation signed by the veterinarian who performed the sterilization. The confirmation shall briefly describe the dog or cat; include the new owner's name and address; certify that the sterilization was performed; and specify the date of that procedure.

If it becomes necessary to forward this contract onto an attorney for enforcement, the adopter shall pay all reasonable attorneys fees and court costs associated with such actions.

Spay/Neuter agreement:

I, \_\_\_\_\_, agree to have the above animal spayed/neutered by \_\_\_\_\_. If the spay/neuter is not performed by the date specified and the required paperwork mailed back to TCHS within 7 days of the spay/neuter, the contract with the Twin County Humane Society will be considered null and void, the animal will be returned to the rescue, and court action will result for violation of contract in the Grayson County court system.

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**Information about the animal you are adopting:**

Adopt  Foster To Adopt  Foster

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Color & Markings: \_\_\_\_\_

He/She was given the following vaccinations:

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He/She was vaccinated for Rabies on \_\_\_\_\_ and/or will need to be vaccinated at 6mo or revaccinated at one (1) year/three (3) years (per veterinary requirements)

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I understand that the adoption donation will cover the following future procedures/vaccinations ONLY:

Spay/Neuter

Initial Vaccine/Booster Vaccination

Rabies

**initial** \_\_\_\_\_

Special instructions:

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I agree that the adoption donation of \$ \_\_\_\_\_ helps to cover the TCHS expense of caring for the animal and is **NON-REFUNDABLE**.

Approved:

Adoption Donation Received: