



1820 Princeton Rd, Hamilton OH 45011  
Phone: 513.867.5727 – Fax: 513.887.3525  
Email: AnimalServices@bcohoio.gov

Your Name: \_\_\_\_\_ Animal's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Employment Status (circle one):**

**Employed** Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Student** School: \_\_\_\_\_ Year: \_\_\_\_\_

**Other** Other/Assistance/Unemployed: \_\_\_\_\_

Will this animal be around children frequently? If so, how old are they? \_\_\_\_\_

How often will the pet be left alone? For how long? \_\_\_\_\_

**Current Animals (Currently Own or Live With):**

Name:	Breed:	Gender:	Age:	Spay/Neuter:	Current Vaccines:	Lives:	Length Owned:
1. _____	_____	_____	_____	Yes/No	Yes/No	Indoor/Outdoor	_____
2. _____	_____	_____	_____	Yes/No	Yes/No	Indoor/Outdoor	_____
3. _____	_____	_____	_____	Yes/No	Yes/No	Indoor/Outdoor	_____
4. _____	_____	_____	_____	Yes/No	Yes/No	Indoor/Outdoor	_____

**Vet Clinic:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Past Animals (Previously Owned or Deceased):**

Name:	Breed:	Gender:	Age:	Spay/Neuter:	Deceased/Rehomed/Etc? When?	Length Owned:
1. _____	_____	_____	_____	Yes/No	_____	_____
2. _____	_____	_____	_____	Yes/No	_____	_____
3. _____	_____	_____	_____	Yes/No	_____	_____
4. _____	_____	_____	_____	Yes/No	_____	_____

**CONTINUED ON REVERSE SIDE .....**



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**Release of Liability-** I, on behalf of myself, my heirs, executors, representatives, administrators, agents and assigns(collectively the “Releasers”) irrevocably and unconditionally fully and forever waive, release and discharge AFHS, its agents, officers, directors, employees, and volunteers in their corporate and personal capacities(collectively, the “Released Parties”), from any and all claims, demands, actions, causes of actions, judgements, rights, fees, damages, debts, obligations, liabilities and expenses (including attorney’s fees) of any kind whatsoever, whether known or not, whether arising out of contract or negligence, that Releasers may have or may ever have against the Released Parties arising out of, or in any way related to this adoption process.

**Covenant Not To Sue** – I agree not to bring any suit, action, proceeding or claim against AFHS or any other Released Party for any dispute or dissatisfaction arising out of this adoption process.

**I hereby certify that all the answers and statements made in the foregoing agreement are true and correct. I understand that giving false answers or statements may be grounds for denying an adoption or for revoking or rescinding an adoption. AFHS may send an officer to your home to verify conditions.**

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