



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

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: _____