**Shawano County Humane Society, Inc. ADOPTION DISCLOSURE/RELEASE FORM**

**P.O. BOX 301, Shawano, WI 54166 715-526-2606**

 **I do hereby declare that I am aware: that animals are different from human beings in their responses to human actions, that the actions of animals are often unpredictable, that animals should be closely supervised when they are with children and other animals, that an animal’s behavior may change after it leaves the shelter and accustoms itself to a home or other different environment, and that the Shawano County Humane Society, Inc. makes no claim or representations as to the health, temperament or mental disposition of any animals up for adoption.**

 **I hereby accept possession of, title to (subject to conditions in the adoption contract), and responsibility for the animal identified below, and hereby release and discharge the Shawano County Humane Society, Inc. forever from liability for any injury or damages to any person or property caused in the future by said animal, and from any causes of action, claims, suits or demands whatsoever that may arises as a result of such injury or damages.**

**I promise to give it a good home, not to sell or give it away, and to return it to the Shawano County Humane Society, Inc. if I no longer want it, or at the demand of an officer of the Society if in his/her judgment it is not properly treated.**

 **Initials \_\_\_\_\_\_\_\_\_**

 **If animal is returned to the shelter for any reason within 7 days of adoption, the full adoption fee will be refunded. No refund is given beyond the 7 day return.**

**Animal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_Date adopted\_\_\_\_\_\_\_\_\_**

**Sex: Male Neutered\_\_\_\_\_\_\_\_\_ Female Spayed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Case#\_\_\_\_\_\_\_\_\_Rabies Tag #\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D. Chip # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fee includes the spay/neuter and bordatella, distemper, worming, rabies vaccine, snap test and ID chip**

**Fee paid $\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_ Check\_\_\_\_\_\_\_\_\_ Donation\_\_\_\_\_\_\_\_\_ Credit Card\_\_\_\_\_\_\_\_\_\_**

**ANY FAILURE TO FOLLOW THIS CONTRACT WILL RESULT IN THE INABILITY OF THE ADOPTOR TO ADOPT FROM THE SHAWANO COUNTY HUMANE SOCIETY IN THE FUTURE. IF YOU LOSE THIS FORM, THERE IS A $5.00 CHARGE FOR A COPY!!**