



Cayman Islands Humane Society
P.O. Box 1167, Grand Cayman, KY1-1102, Cayman Islands
Phone: (345) 949-1461

Pet Adoption Application

Name: _____ P.O. Box: _____
Street Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail Address: _____

Specified Pet Desired (including name if known): Cat _____ Dog _____

Are you over 18 years of age? Yes _____ No _____

Is anyone in your household allergic to dogs or cats? Yes _____ No _____

Are you a local resident? _____ If not, please explain _____

If you leave the island, will you take your pet with you? Yes _____ No _____ Maybe _____

Do you: Own: ___ Rent: ___ Landlord's name & contact number: _____

Name of your vet _____
Please call them and give them permission to give us a vet reference

How many members are in your household? _____ Number and ages of children _____

Where will your pet be kept during the day? _____ Where will your pet sleep at night? _____

Do you have a fenced in yard? _____ Pen for dog? _____ Type of shelter of outdoors _____

Have you ever brought an animal to us? _____ Explain _____

Have you ever adopted from us? Yes _____ No _____ If yes, how long ago? _____

Please list your pet's name(s), breed(s) and age(s) (current and in the last 4 years)

| <u>Name</u> | <u>Age</u> | <u>Breed</u> | <u>Where are they now?</u> |
|-------------|------------|--------------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do all of your current pets receive monthly Heartworm Prevention & yearly vaccines? _____

Do you agree that if for any reason you must give up this pet, it will be returned to CIHS? _____

Do you agree to follow up on all vaccinations (boosters and yearly vaccines)? _____

Do you agree to provide your pet with Heartworm Prevention on a monthly basis? _____

Are you willing to comply with follow-up calls/visits by the Cayman Islands Humane Society? _____

The adoption fee includes the first set of vaccines and spaying/neutering. Follow-up vaccines are not covered by the Cayman Islands Humane Society. We do our very best to place only healthy animals for adoption, but animals with unknown backgrounds can become sick. If this occurs, you have the option of returning the animal to the shelter, or having it treated at your own expense by your veterinarian. If you choose to return the animal for this or any reason, please understand that NO REFUND will be given. If you reserve the animal and then change your mind about the adoption, NO REFUND will be given.

I certify that all information I have given is true, and I understand that false information may result in nullifying this adoption.

Signed: _____ Date: _____

Animal Name: _____ Animal #: _____ Amount Paid: _____

CIHS Agent: _____

