

16. How much grooming do you expect to do with this pet? _____
17. Are you able to provide preventative care (yearly vaccinations) and emergency care (for illness or injuries) for this pet (estimated at \$250-\$300 a year)? _____
18. How often will you be visiting a vet each year? _____
- 19a. Who is your vet now? _____
- 19b What vet have you used in the past? _____
20. Do you expect to move for any reason in the next 3 years? _____
21. Who will care for your pet if you cannot? _____
22. What circumstances would cause you to return your pet? _____
23. Are you ready to provide this pet with a permanent home for the rest of it's life, which can be 10-20 years? _____
24. Has a pet died in your home in the last 3 months? _____
If yes, from what? _____
25. Have you adopted from us before? _____
Under what name & address? _____
Do you still have the pet? _____ If no, what happened? _____

****All medical cost incurred after adoption are the responsibility of the adopting party and not that of CCHS****

I certify the information I have provided is true to the best of my knowledge:

Signature: _____ Date: _____
 Print Name: _____ Driver's License #: _____
 Address: _____ Date of Birth: _____
 City & Zip _____ Email: _____
 Home Phone: _____ Cell Phone: _____
 Township (where you pay taxes : _____

Emergency Contact for Microchip (Person other than yourself)

Name: _____ Phone: _____

Approved by: _____ for 30 days from today: _____

Approved for _____ Green level dog _____ Blue level dog
 _____ Puppy _____ Experienced dog owner
 _____ Adult Cat _____ Kitten

Counselor Comments: _____

CCHS RESERVES THE RIGHT TO DENY ANY ADOPTION