Department of Police Animal Control Division
City of Sullivan

106 Progress Drive, Sullivan MO 63080
Phone 573-486-8001

ADOPTION CONTRACT

Applicant name: _____ I/license #: _____

Address: _____

City, state: _____ Zip: _____

Home phone: _____ Work phone: _____

Home e-mail: _____ Work e-mail: _____

Veterinarian: _____

REGARDING THE CAT/DOG DESCRIBED AS FOLLOWS:

NAME: _____ CASE NUMBER: _____

AGE: _____ SEX: M/F MN/FS

BREED/COLOR: _____ RABIES TAG NUMBER: _____

1. 1. I hereby acknowledge receiving the above animal described.
2. I agree to provide proper food, water, adequate shelter, and kind treatment always.
3. I agree to take the animal to a veterinarian for examination and immunizations as needed and provide immediate veterinary care at my own expense should the animal become ill or injured.
4. Spaying or neutering is REQUIRED by SIX months of age if the animal is not spay/neutered prior to adoption. Proof of surgery must be mailed or dropped off at the Sullivan Police Department within 30 days of the procedure.
5. If for any reason the animal must be relinquished, I will notify animal control. IF they have space, they will take it back if not, I need to find alternative accommodation.
6. IF ADOPTING A CAT/KITTEN: Kittens are to be adopted in pairs unless there is a singleton then he/she shall be adopted into a household with another cat. Kittens and cats are to be indoors only unless they are specifically employed as barn cats.
7. I understand that animal control officer cannot guarantee the health, temperament
8. or training the above-described animal and hereby agree to release the City of Sullivan from all liability once the animal is in my possession.
9. I agree to not let the above-described animal run at large in the City of Sullivan and keep the animal under control at all times.

I HAVE READ, UNDERSTAND, AND ACCEPT THE RIGHT AND OBLIGATIONS INVOLVED

SIGNATURE OF ADOPTOR _____ DATE _____

FEES TOTAL _____ CASH/CHECK INITIALS _____