



**APPLYING FOR:**

Name of Animal: \_\_\_\_\_ Receiving Form No. \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age (s): \_\_\_\_\_ Male [ ] Female [ ] Altered [ ] Dog [ ] Cat [ ] Other \_\_\_\_\_

Date Adopted: \_\_\_\_\_ Vaccinations Given \_\_\_\_\_ **Adoption Fee:** \_\_\_\_\_

**APPLICANT'S INFORMATION:**

Full Name: \_\_\_\_\_ Driver License# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CONDITIONS FOR ADOPTION:**

1. I agree to the adopted animal being sterilized prior to my taking the animal home. In the event the animal is too young or otherwise unable to be sterilized before I take it home, I agree to have the animal sterilized and understand that failure to comply with this requirement may result in seizure of the animal by GCAO and legal action against me by GCAO, as necessary for it to recover the animal. I further understand I will be liable to GCAO for any and all litigation and reasonable attorney fee incurred by it to recover the animal whether or not a lawsuit is commenced against me. Initials \_\_\_\_\_
  
2. I promise to hold Grant County Animal Outreach ("GCAO"), its employees, agents, directors, volunteers, and attorneys harmless and free from liability whatsoever should the animal become sick or die for any reason, including, but not limited to, sickness or death due to complications associated with sterilization, surgery, vaccinations, and/or micro chipping. Initials \_\_\_\_\_
  
3. I understand animals, including adopted animals, usually require veterinary care from time to time. I further agree and understand I am responsible for any and all veterinary expenses incurred after adoption, except that GCAO will pay up to \$95.00 toward sterilization surgery for a dog and up to \$65.00 toward sterilization surgery for a cat if the animal I have adopted has not been sterilized prior to the adoption. I further understand I must have the adopted animal vaccinated against diseases, as recommended by a veterinarian. If the adopted animal becomes sick within two (2) weeks after adoption, I agree to return the animal immediately for an exchange to GCAO and understand if I fail to do so, GCAO shall have no responsibility whatsoever for any veterinary or other expenses related to the illness and shall have no obligation to refund the adoption fee. Initials \_\_\_\_\_
  
4. I shall observe all local animal control and licensing ordinances. (License must be purchased within thirty (30) days of acquiring a new pet or by the time the animal is six (6) months of age. Initials \_\_\_\_\_



5. I understand GCAO has not had the adopted animal vaccinated for rabies, and it is my responsibility to have it vaccinated for rabies, as recommended by a veterinarian and/or as required by the laws of the jurisdiction in which I reside and primarily house the animal. **Initials** \_\_\_\_\_
6. I understand I must provide the adopted animal sufficient food, water, and shelter; veterinary care, as needed; and humane treatment at all times. **Initials** \_\_\_\_\_
7. I understand and agree I must immediately retrieve the adopted animal from any animal shelter or other facility upon notice it has been impounded. **Initials** \_\_\_\_\_
8. I promise I am not adopting this animal for research, study, or experimentation and promise I will not release it to any person or entity intending to use it for research, study, or experimentation. **Initials** \_\_\_\_\_
9. I understand GCAO expects I will, as the adopter of the adopted animal, maintain care, custody, and control of the animal. But if due to circumstances beyond my control I am unable to keep the animal, I promise to contact GCAO immediately and return it to GCAO. In the event I am able to find a suitable home for the animal, I will immediately contact GCAO and provide the prospective owner's information. **Initials** \_\_\_\_\_
10. I am not adopting this animal for the sole purpose of it being a guard dog. Rather, I understand and agree the animal must have on-going human companionship. **Initials** \_\_\_\_\_
11. I understand **GCAO WILL NOT GIVE ANY CASH REFUNDS** of the adoption fee for any reason whatsoever, but it may apply the adoption fee to another adoption at its sole discretion. **Initials** \_\_\_\_\_

I hereby acknowledge I understand and agree to be bound by the above described conditions of adoption for the animal listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_