



CITY OF LOUISIANA

JOHN COTTON MEMORIAL ANIMAL SHELTER ADOPTION CONTRACT

Adopter Information

Please read thoroughly and fill in highlighted areas. Sign & return one copy to JCMAS; retain signed copy for your records.

Name (Signature of Applicant): _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ State: _____

Today's Date: _____ Date of Birth: _____ USDA and/or ACFA License # _____

If you are renting where you reside, please list the name and daytime phone number for the landlord/manager and detail any rental restrictions.

We welcome adopters who rent or live in an apartment or condo. We want to alert you that some landlords and management companies have size and breed restrictions, limits on number of pets, and/or require pet deposits or additional fees.

Animal Information

Name: _____ Intake #: _____

Breed: _____ Age: _____ Sex: _____ Species: _____

Description: _____ Microchip #: _____

Vetting: _____

Distinctive Markings: _____

Approximate Weight: _____ Size: _____ Color: _____

Adopter to pay for _____ within _____ days initial _____

For and in consideration of JCMAS promise to adopt the above animal to the undersigned adopter.



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IMPORTANT - PLEASE READ BEFORE SIGNING

1. I hereby affirm that I am at least 18 years of age and can enter the terms of this contract.
2. I hereby acknowledge receiving the above-described animal.
3. I agree to provide proper food, water, adequate shelter and kind treatment at all times.
4. I agree that the animal will be an indoor companion animal and shall not reside outdoors of the residence at any time unsupervised.
5. I agree to take the described animal to a veterinarian for examinations as needed and to procure immediate veterinary care at my own expense, should the animal become ill or injured.
6. I agree to license the animal in compliance with the laws and ordinances in force in the municipality in which I reside.
7. I agree to keep the above-described animal up to date on all annual vaccinations and monthly heart worm prevention.
8. I agree not to allow the animal to be used for any medical or experimental purposes.
9. I understand that the adoption fee is Non-refundable once the adoption contract is final. (The 2-week trial adoption is to ensure that the animal is a proper fit for my home)
10. I understand that JCMAS cannot guarantee the health, temperament or training of the above-described animal and hereby agree to release JCMAS from all liability.
11. I agree that this document be interpreted and construed according to the laws of the State of Missouri to the exclusion of any State and that any action on it will be brought in the courts of the State of Missouri only.
12. I agree that if JCMAS should take any legal action to enforce this agreement whatsoever, the adopter will be responsible for payment of any costs and/or attorney's fees incurred by JCMAS in enforcing this agreement.
13. I agree to bring said animal to a veterinarian approved by JCMAS to be spayed/neutered by this date: _____
14. I agree to Supply JCMAS with veterinary certification of spay or neuter no later than _____ days of the surgery.

Signature of Adopter

Date

Signature of JCMAS Representative

Date

Adoption fee

Check # _____ Cash _____