



UPPER RIO GRANDE ANIMAL SOCIETY
Dba Conour Animal Shelter
2825 Sherman Ave – P.O. Box 289
Monte Vista, CO 81144

ADOPTION CONTRACT

Date: _____ Tag #: _____ Dog's Name: _____ Dog Breed: _____

Male: _____ Female: _____ Approximate Age: _____ Adoption Fee: _____

Color/Markings: _____

Microchip ID: _____ Date issued: _____

FOR ADOPTER: PLEASE ENTER ALL INFORMATION (LEGIBLY) AND INITIAL ALL SPACES:

Name: _____ Driver's License #: _____ State Issued: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Please answer the following:

Do you have children living at home: Yes: _____ No: _____ How many? _____

Age(s): _____

Do you have a fenced in yard: Yes: ___ No: ___ Height? _____

Do you live in your own home: _____ Rent: _____ Own _____

If renting, does your landlord accept pets? Yes: ___ No: _____

Do you have other pets a home? Yes: _____ No: _____ How many: _____

Breed and age: _____

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_____ I understand that this adoption includes de-worming and at least the first vaccinations of DA3PPv (see shot record). I understand that this is not a guarantee of the animal's health, but an effort of the Upper Rio Grande Animal Society dba Conour Animal Shelter (hereinafter stated as Conour Animal Shelter) to try to ensure the health of the animals. The Rabies shot is **NOT** included; and you must see your veterinarian regarding rabies vaccinations.

_____ I understand that the Conour Animal Shelter is not responsible for veterinary, medical or other expenses incurred after the date of this contract.

_____ **I understand that once a \$50 hold is put on a dog and you choose not to adopt, a \$25 processing fee will be kept.**

_____ **I understand that there is a (7) day grace period in which to return animal(s) to the Conour Animal Shelter for a refund of the adoption fee. A \$25.00 fee will be kept for processing. No refund will be giving after the 7-day grace period.**

_____ I agree that I will accept full control and responsibility for this pet after adoption.

_____ I agree, if not already done so, to have this animal spayed or neutered within the time frame agreed upon in this agreement.

_____ The Conour Animal Shelter does not approve of chaining an animal, but if you must chain the animal, it cannot be chained more than 2 hours per day. I also agree to provide an exercise area, either by a fenced yard or exercise pen that meets or exceeds the standard of the Colorado Department of Agriculture.

_____ I agree to comply with all State and local ordinances and to keep identification on the animal.

_____ **I agree that a representative of Conour Animal Shelter has the right to visit the animal and that if the above requirements are not met, the animal may be removed from the adopter and the site.**

_____ The adopter agrees to pay Conour Animal Shelter reasonable costs and expenses including without limitation, reasonable attorney fees and costs incurred by the Conour Animal Shelter in order to enforce the terms of this contract. The purpose of this is to ensure and maintain the safety and humane treatment of the animal.

_____ I have received the medical records for _____ (dog's Name)

_____ I have received the Rabies information brochure.

_____ I have read the above conditions and agree to them from this day forward. I do not hold the Conour Animal Shelter or any of its representatives, the adoption site or business responsible for any financial or legal responsibilities regarding this animal from this day forward.

Shelter Representative

Date

Adopter

Date