



**UPPER RIO GRANDE ANIMAL SOCIETY**

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: \_\_\_\_\_

Behaviors noted by staff at shelter: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 have read the Behaviors Noted section of the application and agree to adopt this animal with the knowledge that it is my responsibility to address the correction of such issues either through training or adjustments to my lifestyle.

\_\_\_\_\_ 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.

***The Conour Animal Shelter uses photos of adoptions for social media, advertising and the pursuit of grants. Please acknowledge if you are willing to allow your photo(s) to be used for these purposes.***

\_\_\_\_\_ ***I agree to have my photo(s) used by the Shelter.***

\_\_\_\_\_ ***I do not want to allow use of my photo(s).***

\_\_\_\_\_  
Shelter Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adopter

\_\_\_\_\_  
Date