



County of Madera Department of Animal Control

14269 Road 28
Madera CA 93638

559-675-7891 FAX 559-675-7617

ADOPTION AGREEMENT

Date _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ DL# _____ STATE _____

.....has deposited with the Auditor's office a fee of \$ _____
for the spaying/neutering of the below described animal and
\$ _____ for the Rabies Vaccine. This fee will be transferred to any
licensed veterinarian upon presentation of this form and a
statement billing Madera County for the amount on deposit.

FOR SHELTER USE ONLY

Pet of the week? YES/NO _____

Spay/Neuter Fee _____

Rabies Vaccine Fee _____

Adoption Fee _____

License Fee _____

TOTAL _____

Impound # _____

Receipt# _____

Kennel# _____

Animal Description:	Veterinarian Chosen	Vaccination History
Breed _____	Name _____	FVRCP _____
Color _____	Address _____	DHLPP _____
Sex _____ Age _____	City _____ State _____	RABIES _____
	Date of Spay/Neuter _____	OTHER _____

- In adopting the above animal, the undersigned agrees to:
1. Provide the animal with proper food, water, shelter, exercise and veterinary care;
 2. Have the animal spayed/neutered by the date listed above or forfeit all fees to Madera County and be cited per Food and Agr. Code sections 30503 and 31751;
 3. Obey all local ordinances/State statues regarding animal care;
 4. Vaccinate animal against rabies and other contagious diseases;
 5. Return animal upon demand of Madera County Animal Shelter if the undersigned does not fulfil the adoption contract.

The undersigned has been fully informed and is aware that this adoption is conditional and that Madera County Animal Control may examine and inquire about this animal at any time and may immediately reclaim animal if there has been a violation of any of the above conditions of adoption. The undersigned is aware that Madera County Animal Shelter cannot guarantee any information provided by above animal's previous owner, if any. The undersigned is also aware that after they leave Madera County Animal Shelter with their new pet, they are legally responsible for all actions of the pet, including bites and property damage. The undersigned states they are adopting this animal as a companion for themselves and immediate family only and will not use animal for research purposes. Although animal appears healthy when adopted, unforeseen exposure to a sick or a congenital defect may not have been detected. It is the animal owner's decision to pay any additional costs incurred for any unforeseen health or spay neuter costs or return animal. All animals adopted from our shelter should be isolated from all others pets for a period of fourteen days to avoid cross contamination of any diseases animal may have contacted

SIGNED _____ PERSON ISSUING RECEIPT _____