



## CHIPPEWA COUNTY ANIMAL CONTROL SHELTER ADOPTION CONSULTATION AND CONTRACT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address, City and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Would you like to be notified by e-mail of promotions or shelter updates?  Yes  No

If Yes, E-mail Address: \_\_\_\_\_

Type of Animal:  Dog  Cat  Ferret Kennel # (To be filled in by staff) \_\_\_\_\_

Breed: \_\_\_\_\_ Approximate age: \_\_\_\_\_  Male  Female  Unsexed

1. Are there any persons residing in the home who have allergies to animals?  Yes  No If the answer is "yes", the allergic person must come to the shelter to meet the animal before the adoption is made.

If the answer is yes, is the individual with the allergy is willing to seek medical treatment?  Yes  No

2. If you rent your home, are pets allowed at the residence?  Yes  No  Not Applicable  
Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Are there any children residing in the home?  Yes  No If the answer is "yes", the child (ran) should come to the shelter to meet the animal before the adoption is made.

4. Who will care for the animal on a daily basis? \_\_\_\_\_

5. Are you a first time pet owner?  Yes  No

6. Do you currently own any other pets?  Yes  No If the answer is "yes", please describe the animal, including breed, age and name. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are the pets current on all vaccinations?  Yes  No

Veterinarian's Name \_\_\_\_\_

7. Have you owned any animals within the past year who have died do to illness including but not limited to, Feline Leukemia, FIP, FIV or Canine Parvovirus, Distemper or Corona Virus?  Yes  No

If answer is "Yes" please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you adopted from the shelter in the past?  Yes  No

If answer is "Yes" please list date you adopted, description of animal and if you are still in possession of animal. If animal was returned to the shelter please explain why.  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you aware that adopting an animal is a lifetime commitment and are prepared to accept all aspects of pet ownership both emotionally and financially.  Yes  No
10. Do you understand that the shelter CAN NOT and WILL NOT guarantee the health, breed, temperament or age of this pet but may return the animal within ten days of adoption for a refund or exchange if any problems may occur.  Yes  No
11. Are you willing to give your pet time to adjust to his/her home and are aware that there may be behavioral issues with your new pet, such as hiding, shyness, not eating, accidents, destructiveness and a variety of other issues. By adopting this animal you agree to help your new pet adjust to his home and will contact the shelter if you may need any suggestions on making your pet a better member of your family before returning the animal during your ten day trial period.  Yes  No
12. Do you understand that though this pet may appear healthy at this time, it may in fact be in the 1<sup>st</sup> stages of an Upper Respiratory Infection/Kennel Cough, Skin Problems, ear/eye infection or parasitic infection or have a variety of other medical problems, some of which may be contagious to other pets?  Yes  No
13. Do you understand if any medical problems may arise during your ten-day trial period you have the option of returning the animal, but the shelter will not be responsible for veterinarian bills registered under your name.  Yes  No
14. Do you plan to give the animal as a gift?  Yes  No
15. Are you aware that it is illegal to subject an animal adopted from a shelter to cosmetic surgery such as ear cropping and or tail docking?  Yes  No

I certify that all statements on this application are true to the best of my knowledge and later identification of any false statements may result in the county reclaiming my pet. Should this occur I may be held responsible for any monetary costs the county may incur to reclaim this pet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Additional Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Michigan Law (MCL 287.338a) requires the Chippewa County Animal Control Shelter to assure that any dog, cat or ferret adopted from the Shelter to be spayed or neutered. The animal must be altered within four (4) weeks of adoption or within four (4) weeks of when the animal reached six (6) months of age.

As the adopter, Michigan requires that a **minimum** of \$25.00 be kept as a deposit (unless a state approved promotion is running and animal is sent home with a spay or neuter certificate and vet appointment is scheduled prior to animal's departure) with the Shelter as verification of intent to comply with this requirement. A portion of your deposit may be returned upon proof of spay or neuter but you will forfeit the entire deposit if the animal is not altered according to the terms of this contract unless you present written verification that the animal either died or has a medical condition that would prevent alteration.

**If the terms of this contract are breached because you fail to have the animal altered as required in the contract, the animal will be returned to the Shelter. Should this occur, you agree to pay liquidation damages of the greater of \$100 or actual reasonable costs incurred by the Chippewa County Animal Control Shelter to enforce this contract.**

The preceding paragraph was read aloud to the adopter.  
\_\_\_\_\_ (employee initials) \_\_\_\_\_ (adopter initials)

**FOR THE ADOPTER**

**FOR CHIPPEWA COUNTY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date