

Paulding County Animal Control ADOPTION CONTRACT

779 North Industrial Blvd.
Dallas, GA 30132

Phone: 770-445-1511
FAX: 770-505-1368

This is an agreement between the adopter signed below and the Paulding County Animal Control division of the Paulding County Public Safety Department, hereinafter referred to as PCAC, for the adoption of the described animal. The adopter agrees as follows:

The adopter acknowledges that neither the PCAC, its employees, agents or representatives nor any other representatives of Paulding County government, has made any claims as to the health, behavior or temperament of the animal. The adopter accepts possession and title to the animal as is. No warranties exist as to the fitness of the animal. The adopter releases and waives any claims against Paulding County, its commissioners, employees, agents and representatives of PCAC, which he/she may have now or in the future for any damages to persons or property caused by the animal.

The adopter understands that the animal being adopted has not been examined or treated by a veterinarian and has possibly been exposed to infectious diseases while at the PCAC shelter or prior to arriving. Therefore, the adopter agrees to take the animal to a licensed veterinarian for examination and treatment **within the next 5 days**. Additionally, in the event that the animal shows any symptoms of illness during the next (5) days following the adoption, the adopter agrees to take the animal to a licensed veterinarian, even if the animal has already been examined since leaving PCAC Shelter. It is understood that under no circumstances shall the PCAC be obligated to pay any bills, veterinarian expense or other expenses incurred by the adopter. The adopter agrees to pay a non-refundable adoption fee at the time of adoption.

The adopter agrees to have the animal Spayed or Neutered and a Rabies shot given by a Licensed Veterinarian of the adopter's choice by date given on adoption contract and will provide proof to PCAC by the date entered below.

ANIMAL INFORMATION:

Dog ___ Cat ___ Puppy ___ Kitten ___ Other ___

Shelter Number ___ - ___ - ___

Age ___ Sex ___ Breed _____ Color _____

Shots Given - DHPP 1st ___ / ___ / ___ (dog) Feline Distemper ___ / ___ / ___ (cat)

HW/Combo Test ___ / ___ / ___ Neg. Pos.

The above animal(s) must be spayed or neutered and have a current rabies vaccination no later than ___ / ___ / ___ (date). Failure to comply will result in forfeiture of adopted animal and legal action taken against you.

Personal Information:

Adopter name _____

Address _____ City _____, State _____, Zip _____.

Home Phone (____) ____ - _____ Work Phone (____) ____ - _____

Driver's License # _____ Expiration Date _____

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND UNDERSTAND ALL THAT IS REQUIRED BY ME AS THE ADOPTER.

Adopter signature

Date

Animal Control Employee signature

Date

FAX THIS FORM WITH VETERINARIAN SIGNATURE FOR PROOF OF SPAY/NEUTER AND RABIES TO (770)505-1368.

Date of Spay/Neuter ___ / ___ / ___ Licensed Veterinarian signature _____

Please print name of Veterinarian and name of hospital _____

Rabies Tag # _____ Date given ___ / ___ / ___