

# Cottonwood County Animal Rescue Windom, MN - Adoption Contract

Date of Adoption \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Markings/Color \_\_\_\_\_

Dog \_\_\_\_\_ Puppy \_\_\_\_\_ Cat \_\_\_\_\_ Kitten \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Your Name (please print) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age \_\_\_\_\_

Statement of Adoption: I acknowledge receipt from the Cottonwood County Animal Rescue of the pet described above. I accept the pet with the following understanding:

Please initial each statement

1. I agree to care for this animal in a responsible, loving manner. This pet will be cared for by me or someone I reside with, and will be retained by me. If a situation should arise where I cannot keep the animal at my home, I will not give it to a third party, but will instead return it to CCAR. I further agree that the CCAR can retrieve said pet listed if any terms of this agreement are not met. \_\_\_\_\_

2. Should you decide that you are unable to provide care for the pet within thirty (30) days after the adoption, the fee paid will be refunded in full. \_\_\_\_\_

3. If at any time I desire to relinquish the pet or CCAR demands its return, for any reason, I agree to immediately return the animal to CCAR, making no charge of any kind for licensing, care, food, medical fees, or other services. \_\_\_\_\_

4. I agree to provide this animal with proper boundaries, shelter, food, water, veterinary care, current identification and loving humane treatment at all times. I agree to allow CCAR the right to see the animal at any time. \_\_\_\_\_

5. I agree that I will bring no claim or action against CCAR, or its board and volunteers, for any reason and I accept full responsibility and its actions. \_\_\_\_\_

6. CCAR makes no claim as to the mental or physical condition or behavior of this animal. I accept all medical responsibility for this pet's care on and after the date of this contract.

\_\_\_\_\_

7. IMPORTANT INFORMATION for CAT adoptions: If you have other cats you may want to have the cat tested for Feline Leukemia, FIV and /or FIP. \_\_\_\_\_

7. What is the Applicants age? \_\_\_\_\_

I have read and understand this contract and agree to be legally bound by its provisions. Failure to abide by these terms can result in the CCAR retrieving the animal, with or without legal process.

Your Signature \_\_\_\_\_

Signature of CCAR Representative \_\_\_\_\_