



ADOPTION AGREEMENT

*Please print form, fill out, sign & date. When ready to fax to the shelter, please call (770) 467-4772 to alert staff to an incoming fax, then send fax to (770) 467-4771. Please be aware the faxing of this form means you take full responsibility for said animal as indicated below. However, faxing this form does not automatically guarantee you the animal **if** said animal is not available, has already been adopted, if you are an ineligible applicant, or **if** any other prohibiting circumstances apply.*

Spalding County Animal Shelter

208 Justice Blvd.

Griffin, Ga. 30224

(770) 467-4772 office (770) 467-4771 fax

PLEASE READ CAREFULLY

I HEREBY ACKNOWLEDGE RECEIVING FROM SPALDING COUNTY, GEORGIA:

(Description - **SCAS animal number**, animal name, breed, gender, age, color etc.)

As a binding agreement and as a condition of the adoption process I hereby acknowledge complete understanding of the Title 4 Official Code of Georgia Annotated which reads as follows: (a) Any public or private animal shelter shall make provisions for the sterilization of all dogs or cats acquired from such shelter by: {1} Providing sterilization by a licensed veterinarian before relinquishing custody of the animal; {2} Enter into a written agreement with the person acquiring such animal in the case of an adult or within 30 days of the sexual maturity of the animal in the case of an immature animal. I further understand that violation of Section 4-14 is a misdemeanor punishable by a fine of not more than \$200.00.

- ___ (Initial) Spalding County Animal Control (a department of Spalding County) or its agents may examine or make inquiry about said adopted animal at any time, and if not satisfied with conditions may reclaim custody or issue citations of said adopted animal.

- ___ (Initial) I understand that I will assume full financial responsibility of adopted animal and release Spalding County from the same.

- ___ (Initial) I understand that I will assume all responsibility for the care and well-being of the adopted animal. I further agree that I will not sell, trade, give away or dispose of said animal in any way before animal has been spayed or neutered.

___ (Initial) I fully understand that the adoption fee paid to Spalding County will include the following: SPAY or NEUTER of animal, 1st year Rabies Vaccination and Adoption Fee. I agree to bring adopted animal on appointment date set by Spalding County Animal Shelter to the clinic performing the required SPAY/NEUTER/RABIES procedure.

___ (Initial) I understand that Spalding County is not responsible for the physical condition of the animal, i.e. fleas, ticks, matted hair, etc. or the mental condition of the animal adopted.

___ (Initial) I understand that Spalding County does not guarantee the health of any animal being adopted. Therefore, I understand that Spalding County, its officers, agents, employees, or other officials, forever discharges the aforementioned parties from any and all claims, damages, or demands in suits or actions of any kind or nature whatsoever that may be related or associated with the adoption of this animal from the Spalding County Animal Shelter.

I have read this contract myself and I hereby agree to submit myself to the jurisdiction of the Magistrate Court and/or State Court of Spalding County, should I fail to comply with any portion of this agreement.

Please Print Name _____

Rescue Name (if applicable) _____

Address (City, State, Zip) _____

Phone Number _____

Signature of Adopter _____ Date _____