** Adoption Application/Agreement**

Name or Description of animal :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Prospective Adopter Information (Please Print)**

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

Street Address or P.O. Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_ Do you live inside the city limits of Clarksdale? Yes No

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Adopters must be at least 18 years of age to adopt from CARES. Are you a student? Yes No

Thank you for your interest in adopting one of our shelter animals. Our priority is to do what’s best for the animals. Because of this, our
application asks a number of detailed questions, which are necessary for our screening process. Clarksdale Animal Rescue Effort and Shelter

reserves the right to not permit an adoption if we do not feel it is in the best interest of the animal.

**Household Information**

Please complete this section for the household in which your animal will reside.

1. Living accommodations: Rent Own Other If rent, provide the name and phone no. of your landlord \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. *We must receive written or verbal approval from your landlord before an adoption may be approved.*
2. Do you have a fenced- in yard? \_\_\_\_\_\_. If no, how will you keep your animal contained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Where will your new pet live? In home In yard Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How many adults live in this household? \_\_\_\_\_\_ How many children? \_\_\_\_\_\_ Ages of children in this household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Are all members in your household in agreement about adopting an animal (this includes roommates)? Yes No

**Pet History**

1. Have you ever owned an animal? Yes No If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever given a pet away, given it to a shelter or rescue group, or sold it? Yes No
3. Have you ever had to retrieve your animal from a shelter or animal control facility? Yes No
4. Have you adopted an animal from CARES before? Yes No

**About Your Current Pets**

1. How many pets do you currently own? \_\_\_\_\_\_\_ What type?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Who is your veterinarian and phone no? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
We reserve the right to contact your veterinarian for a reference.
3. Are your pets spayed and neutered? Yes No If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plans For Your New Pet**

1. Are you willing to allow for an adjustment period? Some animals require a period of weeks or even months to adjust to their home/environment/family/other pets. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you able/willing to pay for pet expenses including food and veterinary expenses, which could average $500+/year? Yes No
3. Are you able to commit to providing a home for the life of the animal? Yes No
4. Would you be willing to have an in-home visit and /or reference check of your veterinarian by a CARES representative? Yes No Please note that CARES reserves the right to require a pre-adoption in-home visit and/or check vet references.

 By signing below, I certify that:

* The information I have given is accurate.
* I understand that providing any incomplete or inaccurate information in this application may result in CARES reclaiming the animal and voiding the adoption.
* I understand that CARES has the right to not permit an adoption.
* I understand that CARES has the right to contact my veterinarian for information about my current pets.
* I understand that CARES may require a pre-adoption in-home visit.

**clarksdale animal rescue effort and shelter - ADOPTION AGREEMENT**

**Address: 310 Anderson Boulevard, Clarksdale, MS 38614; Phone: (662) 627-7870**

**Adopted Animal Information**

Shelter Name/ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog ( ) Cat ( ) Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_
Spay/Neutered: \_\_\_\_\_ Age: \_\_\_\_\_ Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stray( ) Owned( ) Date Arrived:\_\_\_\_\_\_\_

**Adoption Fee $\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Initials Required**

1. I agree to treat the animal humanely throughout his/her life by providing on a daily basis nutritional food, fresh water, shelter (warmth in the winter, shade in the summer), daily exercise, ensure proper health care and kind treatment at all times. I will not keep my animal on a chain nor will it be used for fighting.\_\_\_\_\_\_\_\_\_\_
2. I agree not to sell, trade, abandon, or give away the above described animal. \_\_\_\_\_\_\_\_\_\_
3. I agree to take the animal to a veterinarian within 5 days for a health exam and remaining immunizations at my expense. \_\_\_\_\_\_\_\_\_\_
4. I agree to obey local ordinances and keep I.D. Tags on the animals at all times. If the animal is lost or stolen I will report the occurrence to CARES. \_\_\_\_\_\_\_\_\_\_
5. I agree to return the animal to the Clarksdale Animal Rescue Effort and Shelter (CARES) if I decide at any time that I can no longer keep the animal. **I will not receive a refund of the adoption fee.** \_\_\_\_\_\_\_\_\_\_
6. CARES makes a great effort to assure that adoptable animals are in good health. It is possible that undetectable illness or conditions may be present or incubating at the time of adoption. Therefore, CARES makes no guarantee as to the age, behavior, breed, health, temperament, sex or ultimate size of the animal. \_\_\_\_\_\_\_\_\_\_
7. I understand that, if the former owner is found within 14 days from date of intake, CARES reserves the right to reclaim the animal and return to the former owner. CARES will refund your adoption fee if this occurs. \_\_\_\_\_\_\_\_\_\_
8. I understand that the Shelter Care Insurance I have received does not go into effect until the following day after adoption at midnight. I understand that I must activate Shelter care Insurance within 48 hours to receive insurance. I understand that the insurance does not cover pre-existing conditions nor does it cover well-care visits. I further understand that if my pet does become ill after I adopt him/her that I will not hold CARES liable for any medical expensed incurred to treat my pet. \_\_\_\_\_\_\_\_\_\_
9. I agree that CARES has the authority to investigate the living conditions of this animal on my property at any reasonable time of the day and that if CARES deems that there is evidence that any terms of this contract have been violated, CARES may enter the property and reclaim possession of the animal and that I will have five days from the day of such reclaiming in which to file a written objection with CARES and schedule a hearing on the matter to be held within 15 days of the filing to be held before a non-investigative member of CARES and a member of animal control, should one be available, to decide whether the animal should be reclaimed by CARES and re-adopted to a new applicant and that failure to timely object will make the reclaim permanent and the animal will be subject to a new adoption or other action by CARES as though I had never adopted said animal. Should CARES reclaim the animal for any reason, I understand that my adoption fee is nonrefundable. \_\_\_\_\_\_\_\_\_\_
10. CATS ONLY: I understand that CARES does not test or vaccinate cats for FELV/FIV. I may choose to have CARES test the animal I plan to adopt at an additional cost of $20. Chose to test: Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_ Outcome (Staff)
11. I hereby agree to pay CARES the sum of $150.00 as liquidated damages in the event the terms of the signed ADOPTION AGREEMENT are breached. This liquidated damages value does not bar CARES from seeking return of the animal by judicial or administrative hearing process or other legal means, nor does it limit or waive any other claim for damages or relief on behalf of CARES. I agree to pay attorney’s fees & court & administrative hearing costs in the event this matter is forwarded to an attorney for enforcement and agree that should any part of this adoption be litigated, venue shall be in Coahoma County, Mississippi. \_\_\_\_\_\_\_\_\_\_\_\_\_
12. I have read this agreement in its entirety and agree that no claim, action, demand, suit in law or in equity will be brought by me against CARES, its agents, or officers by reason of this adoption and I hereby generally release this society, its officers, or agents from any and all actions, suits, claims, and demands arising from this adoption\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, THE UNDERSIGNED, HAVE CAREFULLY READ AND UNDERSTAND ALL OF THE ABOVE REQUIREMENTS AND AGREE TO THEM AND ALL ASSOCIATED FEES. I UNDERSTAND THAT MY SIGNATURE BELOW AND THAT OF AN CARES/CLARKSDALE ANIMAL RESCUE EFFORT AND SHELTER STAFF MEMBER CONSTITUTES AN EXECUTION OF THIS ADOPTION AGREEMENT.**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoption Approved: Not permitted: Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_