

# UNICOI COUNTY ANIMAL SHELTER

185 North Industrial Ave. • Erwin, TN 37650

Phone: (423) 743-3071 • After Hours: 743-1850

No.

I agree that in consideration of being allowed to adopt an animal from the Unicoi County Animal Shelter, I will fulfill the following contractual requirements. If I am unable or unwilling to do so, I must return the pet to the Unicoi County Animal Shelter or I agree that the animal may be impounded from me. All fees are considered to be a donation.

- \_\_\_\_\_ INITIAL 1. I will have the animal examined by a veterinarian within 5 days from the date of adoption for a check-up and vaccinations (INCLUDING RABIES VACCINATION - PER STATE LAW), worming, medications, or other minor treatment at my own expense.
- \_\_\_\_\_ INITIAL 2. If a veterinarian determines within 10 days of adoption that the animal has an illness, injury, or other condition that may reduce the animal's ability to have a normal, healthy life, I can:  
a. Have the animal treated at my own expense;  
b. If I choose not to provide the recommended care, I will return the pet to the Unicoi County Animal Shelter immediately (with the adoption contract SIGNED by the veterinarian stating the animal's condition) and request that a refund be mailed to me.
- \_\_\_\_\_ INITIAL 3. I agree to provide proper veterinary care, food, water, shelter, and restraint in accordance with the current city and county leash laws to prevent it from running at large. If the pet is a dog, I agree not to have its ears cropped or its tail docked. I further agree to keep a collar, current rabies tag and current license tag on this pet at all times. If at any time, I am no longer able for any reason to care for this pet, I AGREE THAT I WILL RETURN IT TO THE UNICOI COUNTY ANIMAL SHELTER.
- \_\_\_\_\_ INITIAL 4. I AGREE TO HAVE THE ANIMAL SURGICALLY STERILIZED BY A LICENSED VETERINARIAN BEFORE THE EXPIRATION DATE ENTERED HERE: \_\_\_\_\_  
I understand and agree that the ownership of this pet remains with the Unicoi County Animal Shelter until such time as I have had the pet spayed or neutered by a licensed veterinarian.
- \_\_\_\_\_ INITIAL 5. In the event of illness or injury, the animal shall receive prompt medical attention by a veterinarian.
- \_\_\_\_\_ INITIAL 6. In the event it should become impossible to keep the animal, the animal MUST be returned to the Unicoi County Animal Shelter - NOT abandoned, sold, given away or otherwise disposed of.
- \_\_\_\_\_ INITIAL 7. The animal will not be inhumanely chained or inhumanely confined but will remain on my property or under my control (leash).
- \_\_\_\_\_ INITIAL 8. I acknowledge that I have provided the information contained in the questionnaire attached to this contract and I agree that the questionnaire is part of the contract. I agree that the Unicoi County Animal Shelter shall have the right at any time to take possession of said animal if I violate the terms of this agreement or if I have made any misrepresentation in the questionnaire which is part of this agreement. I agree that, in such an event, I waive my right to compensation for the animal's upkeep or for any other reason whatsoever.
- \_\_\_\_\_ INITIAL 9. I understand that the Unicoi County Animal Shelter knows little or nothing about this animal and does not warrant or guarantee anything about it including its condition, behavior, prior ownership, breed, size, or age (these are educated guesses). I hereby release and agree to hold harmless the Unicoi County Animal Shelter, its employees, agents, directors, members, successors and assigns from any claim, liability or cause of action arising out of, or in anyway related to, my adoption or ownership of this pet.

DATE \_\_\_\_\_ ADOPTION FEE \_\_\_\_\_ CHECK \_\_\_\_\_ CASH \_\_\_\_\_ WAIVE \_\_\_\_\_ PURINA \_\_\_\_\_  
S/N FEE \_\_\_\_\_  
TOTAL COLLECTED \_\_\_\_\_

NAME (Print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

DESCRIPTION OF ANIMAL (Circle One) Dog Cat Other Male Female Name of Animal Approximate Age

## VETERINARIAN'S STATEMENT

I FIND THE ANIMAL DESCRIBED ABOVE  Fit  Not Fit (For Adoption)

SIGNATURE \_\_\_\_\_ CITY \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF VETERINARY CLINIC: \_\_\_\_\_

I HAVE PERFORMED SURGERY TO PERMANENTLY NEUTER THE ANIMAL DESCRIBED ABOVE.

SIGNATURE \_\_\_\_\_ CITY \_\_\_\_\_ DATE \_\_\_\_\_