



Friends of Macon County Missouri Animals

Dog Adoption Contract

Adopter Information

Adopter's Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Cell Phone: _____ Other Phone: _____

Emergency Contact and Phone Number (in case dog is found and you're unreachable):

Pet Being Adopted Information

Dog's Name: _____ Dog's Age: _____

Dog's Description (hair color, hair type, other distinguishing characteristics, etc.):

Check what that applies to dog being adopted: ___ Male ___ Female ___ Spayed/Neutered

Breed most Closely Related to: _____

AS THE ADOPTING PARTY, I AGREE TO THE FOLLOWING PROVISIONS:

If the adopted dog is not altered, Friends of Macon County Missouri Animals (FMCMA) will schedule an appointment and pay for spay/neuter procedure through our veterinarian. Proof of following through on procedure will be required before adoption can be finalized.

I agree to provide the adopted dog with necessary inoculations at the intervals advised by my veterinarian and other medical care as needed.

I agree to keep an identification tag attached to a properly fitted collar that will remain on the adopted dog at all times, whether inside or outside of the house, and to obtain all the necessary city licenses required by local authorities.

I agree to have the adopted dog under my control when it is not on the confines of my property. A secured fence area will be provided for dogs, including shelter from the elements. The adopted dog will not be tied or chained.

If for any reason I cannot keep this dog, I agree to notify the Friends of Macon County Missouri Animals (FMCMA) of the availability of the pet and to return the adopted dog upon request.

I agree not to abuse or neglect the adopted dog and I authorize FMCMA, at their sole discretion, to determine whether or not the dog has been abused or neglected.

I understand that any failure to perform the foregoing agreement will constitute a breach of contract. In the event of any such breach of contract, I authorize the FMCMA to reclaim both possession and ownership of the adopted dog.

I understand that the dog covered by the adoption papers is as far as can be determined by FMCMA to be in good health and that FMCMA is not responsible for any medical fees incurred after the adoption date. However, if a health problem develops during the first 10 days, I should notify FMCMA to discuss the matter.

I agree to give FMCMA visitation rights to ensure the terms of this adoption agreement is being observed.

By signing below, I warrant the truthfulness of the information provided & certify that all information is true. I understand that false information may result in nullifying this adoption at any time.

Signature: _____

Printed Name: _____ Date: _____