Chesterfield County,SC Animal Services

Adoption Agreement

467 Goodale Road Chesterfield SC 29709 843-623-3585 office 843-623-3540 fax

Client Information: 🛛 🗛	dopter 🛛 🗆 Rescue:				
Name:					
			de		
Home Phone:	Work phone:	C	ell		
phone:	email				
Driver's License #:	State iss	sued			
Animal Information: ID#					
Name		_			
Breed &					
Description:					
Sex: Male Female	Neutered/Spayed?	Cats only (Declawe	ed 🗆 yes 🗆 no)		
	IMPORTANT – READ BEFOR				
•	ge receiving the above describ	ed animal			
I am 18 years of age					
	am adopting this animal with t				
	y need further training or trea				
•			ations as needed and to procure		
			ill or injured. / I may return the		
-	nge or adoption refund within				
	d veterinarian. The shelter doe				
•	ane environment and I will ha	ve the animal inoculated	against rabies and abide by		
animal control laws	-				
 I agree to notify the 	 I agree to notify the shelter if I decide at any time that I can no longer keep the animal. 				

- I agree not to allow the animal to breed and to spay or neuter any unaltered animal by
 (date)______. I understand that failure to do so will result in a \$200 fine and
 forfeiture of the animal from my premises and entry shall not constitute a trespass.
- I agree to provide proof of the sterilization of the animal to Chesterfield County Animal Services within 10 days after the date agreed upon in this contract.
- I understand that the shelter cannot guarantee the health, temperament, or training of the above described animal and herby agree to release them from all liability once the animal is in my possession.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing adoption agreement and that I will comply with the same.

Client signature	Date		Staff Signature
Adoption fee: amount \$	Paid by: 🗆 Check	□Cash	Receipt #