

## ADOPTION CONTRACT AND AGREEMENT

Upon placement of this dog with me for adoption, I agree to do the following:

1. Provide him/her with kind and humane/loving treatment at all times.
2. Provide proper and sufficient food, water, shelter at all times, and identification when outside.
3. Provide him/her with proper veterinary care at veterinary clinic.
4. I agree to Provide him/her with daily exercise, and a fenced yard, if possible. By this contract, I have been informed that a fenced yard is preferable.
5. I agree to Comply with all state statutes and local ordinances governing the licensing and ownership of dogs. If unfamiliar with those statutes and/or ordinances, I will familiarize myself with them.
6. If for any reason I am unable to keep the dog, I will contact DCAS -910.296.2159 immediately so that proper arrangements can be made. I will not place this animal elsewhere without consent from a staff member of DCAS
7. If behavior problems arise, I agree to make all attempts to relieve the problem, including notifying DCAS of the problem to help seek possible solutions.
8. Spay or Neuter my pet at 4 months of age or within 30 days of adoption.

I accept the dog as-is and assume all risk and financial responsibilities of adoption. I release and hold harmless DCAS, its officers and assigns, any previous owner or foster home all liability associated with any illness of the dog, or damage or injury hereafter caused by the dog by any means. I agree to return this dog to DCAS upon demand, making no charges of any nature for licensing, care, food, or other services or items and also if for any reason I am unable to properly care for or keep this dog. I agree to pay any reasonable attorneys' fees, costs and court expenses if DCAS is forced to bring legal action against me to enforce this Adoption Agreement.

Please email completed application to [Bobbie.kennedy@duplincountync.com](mailto:Bobbie.kennedy@duplincountync.com) or mail to

DUPLIN COUNTY ANIMAL SERVICES

P.O. BOX 950

KENANSVILLE, NC 28349

I hereby certify that I am financially and physically able to care for this animal. I understand that if for any reason I am no longer able to keep my pet or do not want the pet any longer; I will notify DCAS at 910.296.2159 for assistance, in re-homing the pet or to take possession of the pet if necessary.

I understand that there is a leash law in Duplin County.

I also understand that any negligence to this contract/application can result in repossession of the said animal.

I understand that I MUST have my new pet spayed/neutered WITHIN thirty (30) days once they reach 4 months old or if the pet is older than 4 months when adopted, the pet MUST be spayed/neutered within thirty (30) days of adoption or my pet can be seized by DCAS and I will not be refunded.

DUPLIN COUTNY MAKES NO REPRESENTATIONS OR GUARANTEES ABOUT THE HEALTH OF ANY ANIMAL OR THE BEHAVIOR OF THE ANIMAL.

I AGREE TO KEEP THIS ANIMAL AS A HOUSEHOLD PET, TO PROVIDE THIS ANIMAL WITH A GOOD HOME, INCLUDING DAILY FOOD, FRESH WATER AND ADEQUATE SHELTER. I AGREE TO KEEP THIS ANIMAL ON MY PROPERTY OR UNDER MY DIRECT CONTROL AT ALL TIMES. I AGREE TO TAKE THIS ANIMAL TO A LICENSED VETERINARIAN TO BE SPAYED/NEUTERED AND RECEIVE RABIES VACCINATIONS WITH IN THIRTY (30) DAYS (AS PER COUNTY ORDINANCE), AND TO KEEP ALL OTHER VACCINATIONS UP TO DATE. I ALSO AGREE TO TAKE THE ANIMAL TO A VETERINARIAN IF MEDICAL TREATMENT IS NEEDED. FAILURE TO COMPLY WITH THE TERMS OF THIS CONTRACT OR COUNTY ORDINANCE CAN RESULT IN A CITATION AND/OR REPOSSESSION OF THE ANIMAL. I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO ABIDE TO THE TERMS OF THIS CONTRACT.

Signed: \_\_\_\_\_

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

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