

# City of Woodhaven and City of Trenton Animal Shelter

## Adoption and Adoption Sterilization Agreement

### Adopters Information (Make sure you fill out all information)

Name: _____	Date of Birth: _____
Address: _____	City and Zip: _____
Home phone #: _____	Cell phone #: _____
Email Address: _____	
Driver License Number: _____	

### Animal Information (Filled out by Shelter Staff)

Animal Control number: _____	DOG / CAT / OTHER: _____
Breed: _____	Age: _____ Color: _____
Name: _____	Male / Female      Unaltered Neutered Spayed

### For all adoptions of animals altered or unaltered, please read below and sign.

<p>I hereby acknowledge receipt of the above animal and agree to the following:</p> <p>1). To provide food, water, proper shelter, City pet license, exercise, regular veterinarian care, and immediate medical attention if the animal becomes sick or injured.</p> <p>2). I will not allow the animal to run loose or violate any City - County law ordinance or regulation of the State of Michigan, including but not limited to those regarding animal cruelty or licensing.</p> <p>3). I understand that I will pay a non-refundable \$100.00 adoption fee for this animal.</p> <p>4). I understand that I have 7 days to bring the animal back for any reason. After the 7 days, I may be charged a owner surrender fee of \$40.00 or the shelter can refuse to take the animal back.</p> <p>5). I understand that the Cities of Woodhaven/ Trenton Animal Shelter strives to place only healthy animals. I also understand that the Animal Shelter cannot guarantee the health, fitness, age, the sex (including but not limited to pregnancy) or temperament of the animal and whether the animal is housebroken.</p> <p>6). In the event that legal action by the Cities of Woodhaven and Trenton Animal Shelter is necessary because I failed to comply with the terms of this agreement and expenses and/or court and attorney fees are incurred, I agree to pay for those expenses and fees incurred by the Animal Shelter.</p> <p>7). I have read and understand all the above provisions of this agreement.</p>
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Person adopting animal: \_\_\_\_\_

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

**For all adoptions of animals not altered, Please read below and sign**

This contact is accordance with the State of Michigan Law - MCL PA 287.331.

The State of Michigan requires all dogs, cats and ferrets over the age of 6 months that are adopted from Animal Shelters to be spayed or neutered by a veterinarian within 30 days. All animals under 6 months of age must be spayed or neutered within 30 days after they become 6 months of age. Failure to do so will result in State Fines and possible forfeiture of the animal to be retained back to the Animal Shelter.

- 1). I understand that I will pay in cash to the City of Woodhaven & Trenton Animal Shelter a spay/neuter deposit of \$50.00. This \$50.00 deposit is refundable upon verification of spay/neuter by a licensed veterinarian of my choice.
- 2). If for any reasons the animal cannot be spayed/neutered by the below described date, my veterinarian will give written verification for the reason why the animal cannot be spayed/neutered. The animal must be re-evaluated after 14 days, and within 7 days of the health report.
- 3). I agree to have the spay/neuter procedure done on or before the following date by a licensed veterinarian of my choice. The date is:\_\_\_\_\_. I also understand that the completed paperwork must be returned within 7 days of the surgery to Animal Control for my refund. I understand that I will forfeit my refund after the 7 days of the above date.
- 4). I understand that a breach of this contact, by not sterilizing this animal by the above date, will result in a \$100.00 Liquidation damage cost or forfeiture of the said animal for re-adoption or humane euthanasia. I also understand that I will lose my \$50.00 spay/neuter deposit.

I have read and understand all the provisions in this agreement.

Person adopting the animal:

X: \_\_\_\_\_

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

**OFFICE USE:**

Money Needs to be refunded: Yes \_\_\_\_\_ No \_\_\_\_\_ Date received: \_\_\_\_\_

ACO Officer: \_\_\_\_\_

Reason:

Contact was fulfilled per agreement

Contract was over due

Use for spay-neuter  
of shelter animals

Please send deposit back

Deposit was handed to adopter in cash

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

Adopter what's the deposit given to the Animal Shelter as a donation