



Animal Adoption Application/Agreement

To help assure that the pet you wish to adopt is best suited to you, your home, and your lifestyle, and is placed in an environment that is compatible with his/her needs, we ask that you complete this application.

Before you adopt a pet from the City of Arnold you should know...

- 🐾 You must be at least 21 years old in order to adopt a pet.
- 🐾 You must complete this application before being eligible to adopt a pet.
- 🐾 You must have a valid ID with current address.
- 🐾 You must have proof that you own your home or that your parents or landlord allows pets.
- 🐾 Basic yearly expenses for the care of a pet can exceed \$600.00.
- 🐾 Completing this application in no way guarantees that you will be approved to adopt one of our pets. If you are approved for adoption a staff member will meet with you to discuss the specific needs of the pet you are interested in or to show you another pet that may better meet the needs of your family.
- 🐾 Fees are based upon pre-paid costs utilizing the City's *authorized veterinary hospital* for City registration, physical examination, heartworm test, Feline Leukemia test, vaccination, microchipping, and sterilization expenses, and shall be no less than:

	<u>Male</u>	<u>Female</u>
Dog:	\$125.00	\$150.00
Cat:	\$110.00	\$140.00

Note: Fees may be reduced by 10% when adopting two or more spayed or neutered animals at one time.

- 🐾 City authorized Veterinary Hospital: Arnold Animal Hospital
1 Municipal Drive
Arnold, MO 63010
(636) 296-7060

HOUSEHOLD INFORMATION

Your Name: _____ Driver's License No.: _____

Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip: _____ Email: _____

Primary Phone #: _____ Secondary Phone #: _____

🐾 Do you: Own Rent Live with parents How long at current address? _____

🐾 If you live with parents:

🐾 Parent's Name: _____ Phone #: _____

🐾 If you rent or lease:

🐾 Landlord's Name: _____ Phone #: _____

🐾 Does your landlord allow pets? Yes Unsure No

🐾 Does your landlord have a restriction on pet size? Yes Unsure No



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🐾 **Do you:** Work outside of home Work from home Attending school Stay at home
 Other: _____

🐾 **Housing Type:** Detached Single-Family Home Villa, Duplex, Triplex, Attached Home
 Apartment Manufactured Home/Mobile Home/Trailer Other: _____

🐾 **Do you have a fenced-in yard?** Yes No **If fenced-in, please describe the fence height and type (e.g. 6 ft., privacy, 4 ft., chain-link, etc.):** _____

🐾 **How many people live in the home?** Adults (18+) _____ Children _____ Seniors _____

🐾 **Do you have consent of all the adults in your household to adopt a pet?** Yes No

🐾 **Does anyone in your home have allergies to pets?** Yes Unsure No

🐾 **Please list all pets currently in household or that you've had during the past 5 years:** None

<u>Name/Type of Pet</u>	<u>Age</u>	<u>Sex</u>	<u>Spayed/Neutered?</u>	<u>Current on Vaccines?</u>	<u>Still in Household?</u>
_____	___	___	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	___	___	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	___	___	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	___	___	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

(Write on back of application or attach additional sheets of paper if necessary)

Where do your current pets spend most of their day? _____

🐾 **Do any of your pets have a medical or behavioral condition?** Yes No

If yes, please describe: _____

ALL PET ADOPTERS – Pets & People Profile

🐾 **I am looking for a:** Dog Cat

🐾 **Preferred Sex:** Male Female Doesn't Matter

🐾 **What is the ideal age for the pet?** 8-16wks 4-12mths 1-3yrs Older Doesn't Matter

🐾 **Reason for wanting a pet:** Security/Protection Companionship For the Kids Breeding
 Companion for another Pet Gift, for whom? _____

Other _____

🐾 **Coat Type:** Non-Shedding Low-Shedding Doesn't Matter

🐾 **During the day, where will you primarily house this pet?** Indoors Outdoors Pen
 Crate Basement Garage Other: _____

🐾 **During the night, where will you primarily house this pet?** Indoors Outdoors Pen
 Crate Basement Garage Other: _____

🐾 **How many hours will the pet need to be alone during the day?** _____



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- 🐾 **Ideal Temperament and Personality Traits:** Child Friendly Affectionate Intelligent/Trainable Energetic & Outgoing Laid back/Calm Easy to groom Sociable with other animals Protective House broken Independent Other: _____
- 🐾 **I am willing to adopt:** A special medical needs pet A special training/behavioral needs pet
- 🐾 **Do you agree to have your pet spayed/neutered and/or microchipped?** Yes No
- 🐾 **Do you realize that a dog or cat may live 15 years or more?** Yes No
- 🐾 **I understand that It may take several weeks or months for my pet to adapt to its new surroundings, especially if there are other pets in the home.** Yes No
- 🐾 **Will you have sufficient time to for training, exercising, grooming, and playing?** Yes No
- 🐾 **Are you prepared to provide all necessary medical care, including a mandatory rabies vaccination?** Yes No
- 🐾 **Do you agree to obtain and maintain a license for your pet from the appropriate animal control agency?** Yes No

DOG ADOPTERS ONLY – Pets & People Profile

- 🐾 **If you are looking for a particular breed of pet, what breed?** _____
- 🐾 **Size:** Small (0-20lbs) Med (21-50lbs) Large(51-95lbs) Giant (96+lbs) Doesn't Matter
- 🐾 **Do you agree to leash walk your dog?** Yes No
- 🐾 **How do you plan to house train you dog?** _____
- 🐾 **I have checked with my insurance company regarding coverage for the breed I am interested in?** Yes No

CAT ADOPTERS ONLY – Pets & People Profile

- 🐾 **For cats, do you plan on letting it outdoors?** Yes No **If yes, how often?** _____
- 🐾 **Will you provide equipment to deter destructive behavior?** *(i.e. scratching posts, toys, etc.)* Yes No
- 🐾 **Are you aware that kittens are very social animals and need constant stimulation?** Yes No
- 🐾 **Do you have a playmate for your kitten?** Yes No
- 🐾 **Would you be willing to adopt 2 kittens so they will have a reliable playmate?** Yes No *(Raising kittens together ensures they will learn how hard to play, how to share territory, how to communicate their needs and many other crucial social skills.)*

By signing below, I understand and accept that it is the City of Arnold Health, Animal, and Vector Control Division's right to decide which home is most appropriate for each individual pet, and therefore I will not take issue with their decision. I have read the above application carefully and certify that the information I have given is true and complete. I understand that false or omitted information may void my application. I authorize investigation of all statements on this application and release the City from any liability. I understand that this application is property of the City of Arnold. If I am approved for adoption, I agree to the terms of the adoption agreement inclusive of all provisions of this application.

Applicant Signature: _____ **Date:** _____



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HOLD HARMLESS AND RELEASE FROM LIABILITY AGREEMENT

My signature below indicates that I, _____, agree to hold the City of Arnold, Missouri ("City") harmless and release and indemnify the City from any and all liability for injury to me or any persons or property occurring as a result of either [1] interaction with an animal, including interaction in any animal housing area and in the "Meet and Greet Room" or [2] my adopting an animal from the City of Arnold. Further, I assume all risks associated with the visiting Health, Animal, and Vector Control Division animal facility, including but not limited to fall, contact with pets including bites and scratches, and contact with visitors. I realize the risk associated with participating in the visitation of animals and the adoption process. I have been informed of the circumstances under which said animal came to be present at the City of Arnold animal facility; and I still desire to adopt said animal.

Signature: _____ **Date:** _____

Street Address: _____ **Apt./Unit #:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

ATTESTED BY: _____ **DATE:** _____



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ADOPTION AGREEMENT

As an adoptive pet owner, I agree that:

I have provided complete and accurate information in relation to this adoption and am aware that any fraudulent information may result in rendering this contract null and void. As a result of this, the adopted animal may be impounded by the City of Arnold at my expense.

I will provide food, water, shelter, exercise, and care all the days of the life of this pet. I understand that after adoption all financial obligations for the care of this pet are my responsibility.

If this animal is impounded by an animal control agency, I am responsible for all related fees and expenses.

I understand the services listed below as part of my "Animal Adoption Package" are included in my adoption fee, and I agree to fulfilling the provisions of this agreement including, but not limited to having said animal vaccinated and sterilized pursuant to Section 273.400 to 273.405 of the Revised Statutes of Missouri.

ANIMAL ADOPTION PACKAGE

Adoption fees are inclusive of the City's administrative costs and a number of veterinary services that you shall have conducted at the City's authorized veterinarian hospital as part of this agreement. If I take the animal to any other veterinarian, all office visits, examinations, treatments and medications will be at my expense. The included veterinary services that shall be conducted are as follows:

- 🐾 1 Routine Examination
- 🐾 Microchipping
- 🐾 1 Heartworm Test (for dogs), if recommended by veterinarian
- 🐾 1 Feline Leukemia/FIV Test (for Cats)
- 🐾 1 DHPP (Distemper, Hepatitis, Parainfluenza, Parvo) Vaccination (for Dogs)
- 🐾 1 FVRCP (Feline Distemper, Rhinotracheitis, Calici, Panleukopenia) Vaccination (for Cats)
- 🐾 1 Rabies Vaccination
- 🐾 1 Stool Test
- 🐾 Surgery to Spay or Neuter
- 🐾 Pain Medications following surgery

Note: Items listed above may or may not be done, depending on the animal's age, and whether or not specific services are needed as determined by the authorized veterinary hospital.

City of Arnold Authorized Veterinary Hospital:

Arnold Animal Hospital
1 Municipal Drive
Arnold, MO 63010
(636) 296-7060



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Additional Adoption Information

At adoption, if your animal is four months of age or older, you shall contact the authorized veterinary hospital to schedule your first office visit. For animals under for months of age, you should still contact the authorized animal hospital to coordinate a future appointment for the same. When scheduling, the veterinary hospital can help you determine the proper timing and frequency for your pet's vaccinations and surgery, based on your pet's age and history. At your scheduled appointment, your pet may be spayed or neutered, may be microchipped, receive an annual rabies vaccination, and an annual DHPPC vaccination (for dogs) or FVRCP (for cats). These procedures must be done at the same time. *If you elect to separate these procedures then you will be responsible to make payments at regular prices.*

Note: Within ten business days of their completion, you must submit written confirmation from the veterinary hospital that the above required procedures were performed.

Be advised that the veterinarian or their staff might recommend that puppies/kittens (6 weeks of age or older) have additional care (e.g. booster vaccinations, heartworm medication, etc.), but such *recommended care* is not covered in your adoption contract with the City of Arnold. Any additional care is your responsibility and you will be charged by the veterinarian for it.

If, for any reason, this animal does not meet your expectations within the first ten (10) business days of the adoption, you may return the animal to the City of Arnold Health, Animal, and Vector Control Division's animal facility during business hours. The adoption fee in the form of a check will be refunded to you by U.S. mail. If for any reason the animal is returned after that ten (10) day period, adoption fees will not be refunded and you will be responsible to pay a surrender fee as established by the City.

If the animal becomes sick within the first three (3) business days after adoption, you must contact both the City authorized animal hospital and the City of Arnold Health, Animal, and Vector Control Division for consultation. As noted above, you may surrender the animal to the City of Arnold Health, Animal, and Vector Control Division, but should you choose to have any advanced care, hospitalization, or diagnostics conducted, they will be entirely at your expense. After 3 (three) days, it is exclusively your responsibility to take the animal to a veterinarian of your choice and to incur all related expenses.

Signature: _____ **Date:** _____

Print name: _____

FOR STAFF USE ONLY

Approved for adoption: YES NO **Reason for non-approval:** _____

Reviewed by: _____

Reviewer comments: _____