CITY OF ARTESIA ANIMAL SERVICES

ANIMAL ADOPTIONS

POLICY

An individual, 18 years of age or older, may adopt an animal from the City of Artesia Animal Shelter under the following conditions:

1. The prospective adopter has proper facilities and means to care for the animal.

PROCEDURE

1. The prospective adopter will satisfactorily fill out questionnaire/application.
2. The prospective adopter will present a valid form of identification.
3. The prospective adopter will provide proof of residency.
4. The prospective adopter will provide pet agreement from landlord (if renting)
5. The prospective adopter will pay necessary fees.
6. **The prospective adopter will provide proof that animal has been vaccinated and sterilized as set out in the agreements, and accordance to City Ordinance and State Law.**
7. All adoptions are subject to approval by the Supervisor of Animal Services.

**CITY OF ARTESIA ANIMAL SHELTER**

**APPLICATION/QUESTIONNAIRE**

Please print:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_

1. What type(s) and number of pets do you own at the present time?

 **BREED SEX SPAYED/NEUTERED**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. If you no longer have the pet(s), please explain what happened to it/them.
2. Please describe what you are looking for in a pet.
3. Please indicate the following about your household:

# of adults \_\_\_ # of Children \_\_\_ Ages of Children \_\_\_ \_\_\_ \_\_\_

1. Does anyone in the household have allergies to animals? Yes \_\_ No \_\_
2. Do you : Rent \_\_\_ Own \_\_\_

 House \_\_ Apartment \_\_ Mobile Home \_\_ Condo \_\_ Duplex \_\_\_

1. Will the animal be kept inside or outside? \_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have a fenced yard? Yes \_\_ No \_\_
3. What type of fence? \_\_\_\_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_\_\_\_
4. Are you prepared for the basic costs involved in maintaining this pet? (Annual shots, check- ups, preventive care, grooming, flea/tick products, special foods, unexpected illnesses or accidents, etc.)

**CITY OF ARTESIA ANIMAL SHELTER**

**STERILIZATION AND VACCINATION AGREEMENT**

Adopter’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_ Animal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

As the adopter, I understand and agree that I will have the above described animal Sterilized vaccinated against Rabies and will present proof of sterilization and Rabies Vaccination to the Artesia Animal Shelter. Adopted dogs and cats must be vaccinated for Rabies upon reaching the age of 3 months and must be sterilized upon reaching the age of 6 months.

**I understand that rabies vaccination and sterilization of this pet is required under New Mexico State Law, statue 77-1-20. The adopter is required to have the pet sterilized within 30 days of adoption or no older than 6 months of age.**

**Confirmation of Sterilization:** As the adopter, I shall deliver to the Artesia Animal Shelter, a letter signed and dated by the veterinarian who performed the sterilization. The letter will be delivered no later than (7) days after the date the pet was sterilized.

**Confirmation of Rabies Vaccination:** As the adopter, I shall deliver to the Artesia Animal Shelter proof of rabies vaccination no later than 30 days after the adoption is complete. A letter must be delivered no later than the 7th day after the pet’s death or disappearance.

**STERILIZATION AND RABIES VACCINATION MUST BE COMPLETED BY:**

**\*\*\* This applies only if the animal adopted is not of sufficient age at the time of adoption for these procedures to be performed.**

**RABIES COMPLETION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STERILIZATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand and agree to accept, citations for failure to provide confirmation of sterilization and/or vaccination for the above animal if these requirements are not completed by the above dates. I agree to pay court costs and reasonable fees incurred by the City of Artesia in enforcing this contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adopter Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date

**CITY OF ARTESIA ANIMAL SHELTER**

**ADOPTION AGREEMENT**

Adopter’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_

Email address (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This pet will be provided with adequate food, water, and shelter at all times. It will be kept in a safe humane manner and will receive medical care as needed.

It is highly recommended that this pet be taken promptly to a veterinarian for a physical examination, and is required by New Mexico State Law 77-1-20 the pet will be vaccinated for Rabies, and Sterilized within 30 days.

As the adopter, I understand that the Artesia Animal Shelter has made no guarantees regarding the nature, disposition, or health of this animal. I agree to assume all risk and responsibility of ownership of this animal once it is in my possession. The Artesia Animal Shelter shall be held harmless from any and all liabilities, which may arise in connection with this pet and its adoption.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adopter Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Shelter Staff