



# Adoption Contract

Saginaw County Animal Care & Control Resource Center

5615 Bay Rd, Saginaw Mi, 48604

Phone: 989-797-4500

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Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Animal: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**In consideration of being able to adopt the above-named animal, I agree to the following (*please initial*):**

\_\_\_\_\_ The above information I have provided to SCACC is true to the best of my knowledge.

\_\_\_\_\_ The animal will be provided daily with adequate fresh food and water, clean, dry shelter, vet care (as needed), humane treatment, supervision, and exercise.

\_\_\_\_\_ To obey all applicable local and state laws governing the control, care, and custody of this animal.

\_\_\_\_\_ To provide all medical care and treatment needed by the animal including but not limited to annual medical checkups, vaccines, and preventative heartworm medication.

\_\_\_\_\_ To adopt the animal only as a personal pet/companion and not as a gift, working animal or guard dog, nor as a primarily outdoor pet.

\_\_\_\_\_ I understand SCACC will always take their animals back however I may not receive a reimbursement for the adoption fee.

\_\_\_\_\_ I understand that SCACC has limited information about the animal's history and can't make any warranties about the animal's health, personality, temperament, or compatibility with my household. I accept the animal in its "as is" condition. I understand that SCACC makes no guarantee as to the health, history, behavior, breed or age of this animal. I accept all risks relating to the same.

\_\_\_\_\_ I understand that all cats and dogs are spayed or neutered before adoption. If they are not sterilized they must be adopted on a spay/neuter contract.

\_\_\_\_\_ I acknowledge that shelter animals have an increased risk of potential exposure to disease, and therefore may be incubating diseases that are undetected by shelter staff. I accept all risks relating to the same.

\_\_\_\_\_ I acknowledge that although SCACC has a veterinarian, there may be occasions where a diagnosis or condition of this animal may be dormant or not obvious prior to adoption.

\_\_\_\_\_ In the event that this animal becomes sick before I take possession, this adoption will be cancelled, refunded, or another adoptable animal may be chosen.

\_\_\_\_\_ I understand that unless otherwise stated, the animal has not been treated for or vaccinated against any diseases. I will take this pet to a veterinary office for an exam and any necessary care and vaccines within 7-10 days following adoption and at my sole expense. I will also have my pet examined and vaccinated annually, or as recommended by a veterinarian, at my sole expense.

\_\_\_\_\_ If I move, change address, phone numbers or email, I understand I should update the microchip and license information.

\_\_\_\_\_ I acknowledge my animal (if a dog) is required by law to have a current rabies vaccine and county license for the duration of its life in Saginaw County.

\_\_\_\_\_ I understand that there is a "leash law" in Saginaw County and my dog may not roam or run loose.

\_\_\_\_\_ In the event my pet becomes lost, I will search for it at local animal shelters and online and make every reasonable effort to locate and reclaim the animal.

\_\_\_\_\_ I will at no time assert any claim, charge, or demand of any kind or nature against Saginaw County or SCACC for any charges or expenses, including veterinary fees, in connection with this animal.

\_\_\_\_\_ I understand that SCACC reserves the right to refuse any adoption based on the best interest of the animal or the community.

\_\_\_\_\_ I understand that there is no guarantee this animal is housebroken or litter box trained.

\_\_\_\_\_ I agree not to leave any child unsupervised around this animal.

\_\_\_\_\_ This contract may be specifically enforceable by Saginaw County and SCACC through judicial proceedings, including the right to recover the animal due to a breach of any terms of this contract. I hereby agree that in the event I breach this contract, and Saginaw County or SCACC files suit to enforce this contract or to defend any claim under this contract, that I will pay any court costs and attorney's fees incurred by SCACC in connection herewith.

\_\_\_\_\_ I accept that SCACC assumes no responsibility nor shall be held liable for any damages caused by the adopted animal to property, persons, or other pets. If any medical problems should occur after adoption, SCACC is not liable for any medical bills.

\_\_\_\_\_ As the Adopter, I agree to accept full legal and financial responsibility for the care of this animal, releasing Saginaw County, SCACC and their representatives of any liability or costs incurred from this date forward.

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

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

SCACC Representative: \_\_\_\_\_ Date: \_\_\_\_\_



## Spay/Neuter Contract

\_\_\_\_\_ I understand that it is Michigan law that any animal adopted from Saginaw County Animal Care & Control must be spayed/neutered. If this animal is not altered prior to leaving SCACC, I am responsible for having the animal spayed/neutered by a licensed veterinarian.

In being allowed to adopt the animal, I further agree:

1. \_\_\_\_\_ I have placed with SCACC a good faith deposit in the amount of \$100.00
2. \_\_\_\_\_ I understand that the deposit will be refunded to me after I have had the animal altered and after I have returned certification from my veterinarian for the same.
3. \_\_\_\_\_ I understand that, should I fail to have the animal spayed/neutered in the timeframe set forth below, the deposit shall be forfeited.
4. \_\_\_\_\_ I understand that a veterinarian's written certification must be provided to SCACC if the animal has a serious, temporary medical or health problem that prevents spaying/neutering. In such cases, the deposit will be refunded to me.
5. \_\_\_\_\_ I understand that a veterinarian's written certification must be provided to SCACC if the animal has a serious, temporary medical or health problem that requires postponement of alteration. In such a case, I shall have the animal re-evaluated at least once every 14 days and shall have the animal spayed/neutered no later than 7 days after the veterinarian determines that the temporary problem is resolved, with all such documentation being provided to SCACC.
6. \_\_\_\_\_ I further understand that if I breach the terms of this contract and fail to have the animal spayed/neutered as required herein, I will be required to pay to Saginaw County liquidated damages of the greater of \$100.00 or the actual reasonable costs incurred by SCACC to enforce this contract.

**I agree to have the animal spayed/neutered on or before \_\_\_\_\_.(Staff must fill in an appropriate date)** This date shall be within 4 weeks of adoption or, if the animal is not yet 6 months old, within 4 weeks after the date the animal reaches 6 months of age.

Veterinarian/Veterinary Clinic: \_\_\_\_\_

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

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

SCACC Representative: \_\_\_\_\_ Date: \_\_\_\_\_