Animal Adoption Policy

Imperial County Animal Control would like to thank you for adopting one of our animals. Please fill out the information	
below to facilitate the adoption process.	

Applicant's Name:			
			ZIP:
State: Home #:	Work #:		
Check one:			
Rent: Own:			
Who in your household will be respo	onsible for the care of this animal?		
Have you or any member of your ho	usehold ever received a citation or	had an animal impound	ded by this department?
Yes No Under what nar	me?		
Reason for citation:			
To ensure that you pet will have t	he best possible new home and	care, please initial eac	ch of the statements below.
ADOPTER'S AGREEMENT			
 I agree that the animal is being a(initial) 	adopted for myself and/or my family	v and will not be sold, a	dopted, or given to another party
 I agree that the animal will not be on a secure leash and wear a prop 	e allowed outdoors without proper s per ID (initial)	supervision. When takin	g my dog outdoors, they will be
• (If adopting a cat) I agree that I v	vill not declaw the cat.	(initial)	
•	a humane manner and be a respon nsing, vaccinations (rabies), and m	-	
I agree that if at any point I cannot requesting a fee (init	ot keep the animal, I will return him tial)	/her to Imperial County	Animal Control Shelter without
	erial County Animal Control makes s or injuries caused by the animal.		ne animal's temperament and is
 I give Imperial County Animal Co properly treated and cared for. 	ontrol permission to call my home a (initial)	t any reasonable time t	o assure that the animal is being
I further declare that I hereby exone from this said adoption.	rate the County of Imperial, its offic	ers, agents and employ	vees from any and all liability arising
Printed Name	Signature	Date	e
	Imperial County Public Health Departmer <u>1329 South Sperber Road, El C</u> Phone: (442) 265-2655 Fax: www.icphd.org	Centro CA 92243 (442) 265-2664	
To be completed by Animal Control	only:		
Adoption completed by:		Date:	