Calcasieu Parish Animal Services and Adoption Center 5500 A Swift Plant Road Lake Charles, LA 70615

PET ADOPTION APPLICATION AND AGREEMENT

Applicant's Name:			
Address:			
City:		State:	Zip Code:
Home Telephone Num	ber:		Work Number:
Age (over 18)?	Yes	_ No	
Adopted Animal Desc			
Dog/Cat			Spayed/Neutered
Color/Distinguishing N	Marks (if any)		
Date of Birth			
Veterinarian Informa	ntion_		
			ephone Number:
			-
General Information			
How many dogs/cats d	o you own:		
Ages:	Breed	(s):	
Do you own other pets	? If so, descri	be:	
Do you rent or own yo	ur home?	If y	ou rent, do you have written permission
from your landlord to l	nave a dog/cat	t?	
How will your keep the	e dog/cat conf	fined to your	property? (Check all that apply)
House Kennel	Fence	Chair	n Garage
Porch Barn	Other		

PET ADOPTION AGREEMENT

•	dog/cat spayed/neutered within the required time frame. (A surgical procedure to prevent parenthood of animals) Yes No
•	I agree to pay \$ for the adoption process, which will help defray expenses for the dog/cat's food and veterinary care. Yes No
•	I agree that this fee is non-refundable. Yes No
•	I understand that this dog/cat was previously unwanted or lost and may have been rescued by Animal Services from a dangerous, unhealthy and/or crue situation that could have long-lasting effects on the dog/cat. Further, Animal Services makes no representations or warranties about the condition, personality or temperament of the dog/cat. Yes No
•	I agree to provide fresh water, food, adequate outdoor exercise (if a dog), clear litter box (if a cat) and affection. I will walk the dog on a leash, or place the dog in a protected outdoor area, and never allow the dog to roam free unsupervised. I will treat the dog/cat as a household pet, companion and family member, and not leave the dog chained, cooped up and/or otherwise confined for extended periods of time. If cat is left outdoors, I agree to put a comfortable safety release collar with ID on cat. Yes No
	I agree to have the dog/cat examined by a Licensed Veterinarian within one month of adoption and not less than yearly thereafter. In case of illness or injury. I agree to seek prompt veterinary care. I also agree to keep all required vaccinations current, including but not limited to rabies and distemper, and to ensure that the dog receives preventative medication to protect against heartworm I agree to take the cat to the veterinarian for the needed feline leukemia vaccine. Yes No
	I agree not to abandon, give away, sale or dispose of the dog/cat, and to notify Animal Services immediately at any time I determine I no longer want or can care for the dog/cat, so that arrangements can be made to take the dog/cat back for another adoption. I agree that I may not euthanize the dog/cat except in the case of terminal illness or injury and/or old age accompanied by pain and suffering. In this case, a Licensed Veterinarian in a private clinic, hospital or Animal Shelter must perform euthanasia. Yes No
•	I agree to make a serious effort to find the dog/cat if it becomes lost, by immediately filing a lost animal report with the local police and posting lost dog/cat signs. Yes No

 In the event that I do not comply with the is abused or neglected, the dog/cat will after demand, an Animal Control Office must surrender the dog/cat immediately. the Animal Services Department under the dog/cat to Animal Services, I will be required of \$150.00, agreed upon as reasonable department for the costs and expenses in Agreement. Yes No 	be recovered upon demand. Promptly er will come to your residence and you In addition, without waiving rights of his Agreement, if I do not surrender the uired to submit a payment in the amount stipulated damages to compensate the
• I agree that the Shelter is not liable for a damages, costs/expenses or liabilities wh or ownership of the dog/cat. Yes	atsoever in connection with my adoption
I certify that all answers made by me on this true and correct. I agree that Calcasieu Pa confiscate the above-described dog/cat in the ev found to be false.	rish Animal Services has the right to
WITNESS/SHELTER REPRESENTATIVE	APPLICANT
	Print
	Signature
	Date