

ADOPTION CONTRACT
WEST BATON ROUGE PARISH SHELTER AND ANIMAL CONTROL
3183 TED DENSTEL ROAD
PORT ALLEN, LA 70767
(225)336-2428
adoptions@wbrCouncil.org



*** OFFICE USE ONLY***

Animal Number: _____	Animal Name: _____
Adoption Date: _____	Microchip #: _____
Staff Initials: _____	Rabies Tag #: _____
	Species: ___ Cat ___ Dog ___ Other
Adoption Location: ___ Shelter ___ Offsite ___ FOTA ___ Adoption Event	

Please print and complete the following information below

Name: _____ DOB: ___/___/___ License #: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Alternate Phone: _____
Email Address: _____

Emergency Contact Information for Microchip Registry

Name: _____ Phone: _____ Email: _____

Please initial after reading each statement

- 1.) I understand that West Baton Rouge Parish Animal Shelter and Control ("WBRPSAC") makes no representation or warranties, about the animal's health and/or temperament. _____ **(Adopters Initials)**
- 2.) I understand that animals are different from human beings in their responses to human actions. I understand that the actions of animals are often unpredictable and that the animal's behavior may change after it leaves the shelter and accustoms itself to a different environment. _____ **(Adopters Initials)**
- 3.) I agree that I cannot hold WBRPSAC responsible for any behavior issues or incidents and that I as the adopter am responsible for practicing safe handling. _____ **(Adopters Initials)**
- 4.) If at any time and for any reason I cannot keep my adopted animal, I will contact WBRPSAC. If I return my animal I will be responsible for providing transportation back to WBRPSAC's facility during business hours. _____ **(Adopters Initials)**
- 5.) I agree that I will not alter my animal through elective surgery such as tail docking, ear cropping, declawing, and debarking. It is considered inhumane to perform elective surgeries on animals. _____ **(Adopters Initials)**
- 6.) I understand no monetary refunds will be given. _____ **(Adopters Initials)**
- 7.) I have never been arrested for or convicted of animal cruelty and/or neglect. _____ **(Adopters Initials)**
- 8.) I agree to provide routine veterinary care for the life of the adopted animal. I agree to take my animal to a veterinarian for a checkup within 30 days of adoption or **as soon as possible/needed**. _____ **(Adopters Initials)**

By signing, I acknowledge that I have carefully read and agree to all the terms and conditions in this contract.

Adopter Signature: _____ **Date:** _____