

ADOPTION APPLICATION & AGREEMENT
For the City of Logan Animal Control Division



Description of Adopted Animal			
Animal's Name _____	ID # _____	Age _____	Sex _____
Description :			

Date: _____ Name: _____

Are you over 18 years old? Yes No Address: _____

City: _____ Zip: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone: () _____

E-Mail: _____

I, _____ agree that I am adopting the above-described animal solely as a pet for myself and/or my immediate family. If at a later date I am unable or unwilling to keep this animal, I agree to contact Logan City and give Logan City the opportunity to take back the pet.

I also agree to care for this animal in a humane and responsible manner and to provide it with clean and appropriate shelter, food, water, exercise, companionship and veterinary care.

I understand that I can return the pet to Logan City within 15 days of the date of this Agreement and Logan City will refund the entire adoption fee paid. I also understand and agree that the adoption fee I paid to Logan City is reasonable and is not refundable after 15 days from the date of this adoption agreement even if I return the animal to Logan City.

I understand that Logan City takes every precaution to assure the health of its adoptable animals, but can make NO GUARANTEE of any kind regarding the health and/or temperament of the animal I have adopted. I understand that I, as the adopter, am financially responsible for the animal upon signing this document. I understand that Logan City recommends that I have a veterinarian examine this animal within 15 days of adoption.

I agree to fully and completely release Logan City, its officers, volunteers, agents, employees, contractors and representatives from any liability of any kind whatsoever arising from any health or temperament issues the pet may have or may develop and/or from any and all claims relating to my foster care, ownership or possession of the pet. I agree to indemnify and hold harmless Logan City, its officers, volunteers, agents, employees, contractors and representatives from any and all losses, fines, claims and damages, including reasonable attorneys' fees, arising out of or relating to my foster care, ownership or possession of the animal, including any claims for injury or damage to persons or property caused by the animal.

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In accordance with Utah Code Ann. s. 11-46-203, I agree to have the animal sterilized (spayed or neutered) within 30 days after this agreement is signed if the animal is six months of age or older; or if the animal is younger than six months, I agree to have the animal sterilized within 30 days after the animal becomes six months of age. I understand I can have the animal sterilized at Heritage Animal Hospital for no additional cost. However, if I choose to have sterilization done elsewhere, I am responsible for any and all costs associated with the sterilization of the animal.

I understand that I am responsible for any and all costs associated with the care of the animal, including, but not limited to the cost of any veterinary care following adoption.

I certify that all of the statements made by me on this adoption agreement are true and correct. I agree that Logan City has the right to confiscate the adopted animal in the event that any statements made by me are found to be false and/or my check for the adoption fee is returned for insufficient funds.

Adopter's Signature

Date

Signature of Authorized Logan City Representative

Date

Adoption Fee \$ _____
Less deposit - _____
Total Due: \$ _____

*To be retained by Logan City Police Department