



City of Lexington Animal Control
 Lexington, MO 64067
 660-259-2121

Animals Name: _____

Adopter: _____

Animal Adoption Application/Agreement

Completing this form does not guarantee an adoption. **Lexington Animal Control reserves the right to deny any adoption request.**

NOTE: If filling out this document electronically, double-click the text fields to highlight them and then start typing.

Desired Pet's Name & Description: _____ Spay/Neuter Date: _____

Name of Primary Adopter(s): _____ Email Address: _____

Current Street Address: _____ City _____ State ___ Zip _____

Telephone number(s): Home: _____ Cell: _____ Work: _____

What type of accommodation do you live in? (house, apartment, mobile home, etc.) _____

Do you: Own or Rent/Lease; Landlord's name and phone number: _____

Where did you first see this animal? Petfinder.com adoptapoundpal.com Other (please explain) _____

Have you ever adopted an animal from Lexington Animal Control? If so, when and which animal? _____

Have you had any animals in the past ten years that you do not currently have? If so, what happened to them? _____

List all animals currently in the household in which the adopted animal will be residing:

Dog / Cat (List breed)	Age	Sex	Spay / Neuter	Vaccinations Current?	Indoor?	Temperament

Have you ever taken an animal to a shelter / pound? ___ If yes, reason _____

How many people live in your household? ___ Adults ___ Children Ages of Children: _____

Is anybody in your household an asthma sufferer or allergic to animals? No Yes If yes, remedy? _____

Are you willing to houstrain your animal if it is not already housebroken? Yes No

How do you plan to correct any bad behavior in your pet? _____

Check all activities that you have planned for your pet: Hunting Search/Rescue Obedience Guard Dog

Companion Family Pet Other (please specify) _____

What is the most important trait in a pet that you are looking for? What are traits that are unacceptable? _____

On an average day, how long will your pet be left alone and why? _____

Veterinarian who can vouch for the care of your animals: _____ Phone: _____

Where Will You Keep Your Pet	Daytime	Nighttime
<input type="checkbox"/> In the House <input type="checkbox"/> Loose <input type="checkbox"/> Crate <input type="checkbox"/> Other _____	How long? _____	How long? _____
<input type="checkbox"/> Fenced yard Height _____ Type _____	How long? _____	How long? _____
<input type="checkbox"/> Garage	How long? _____	How long? _____
<input type="checkbox"/> On a Chain / Cable	How long? _____	How long? _____
<input type="checkbox"/> Crate; Are you familiar with crating? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long? _____	How long? _____



Animals Name: _____ Adopter: _____

What will you do with your pet when you go on vacation or in case of an emergency? _____

What will happen to your pet if you move? _____

If you must give up your animal, how will you proceed? _____

Are you planning on moving soon? Yes No May a representative conduct a home visit? Yes No

Personal Reference (name & address): _____ Phone: _____

___ 1. I, as the Adopter, am responsible and will provide proper food, water, shelter, and kind treatment for this animal at all times and am responsible for any damage to personal property as a result of this adoption.

___ 2. I understand that a pet can cost \$300-\$600 yearly to feed, vaccinate, license, and provide medical care, etc.

___ 3. I understand that a new pet may take SEVERAL WEEKS TO MONTHS to settle into a new home. Potential issues to anticipate include: Marking (or scenting) in a new environment, potty training, protective aggression toward other animals until familiar with and properly introduced, nervousness, etc. You and the animal must be given time to acclimate.

___ 4. I will license the animal in compliance with the law/ordinances in the city or county in which I am living.

___ 5. I will keep the animal as a companion and will not sell, trade, abandon, or allow it to be used for medical/experimental purposes.

___ 6. If the animal is not already neutered / spayed, **I WILL HAVE THE ANIMAL SPAYED / NEUTERED WITHIN 30 DAYS** from the date of the adoption **BY A LICENSED VETERINARIAN** and shall provide a written statement from a veterinarian attesting to the fact that the animal was spayed or neutered and the date that the procedure was performed. The 30 day period may be extended if I submit a written statement signed by a veterinarian indicating that spaying or neutering would jeopardize the health of the animal at that time.

___ 7. I will take the animal to a veterinarian of my choice for exams and immunizations within five (5) days from the date of adoption if not already current on shots. I am responsible for all veterinarian fees.

___ 8. I am fully aware that the City of Lexington, MO Animal Control, makes no guarantees what-so-ever as to the health, temperament, mental disposition, or training of the animal.

___ 9. This agreement contains no express or implied warranties of merchantability or express or implied warranties that the animal adopted by the adopter is fit for any particular purpose.

___ 10. I hereby fully and completely releases the City of Lexington and its volunteer members from any defects or illnesses the animal may have or develop, and from any claims, cause of action, or liability for any injury of or damage to persons or property which may be caused by the animal, and to indemnify and hold the City of Lexington or Adopt A Pound Pal harmless against all claims, including, but not limited to, those asserted by third persons, for any injury or damage to persons or property caused by the animal.

___ 11. I agree to pay and reimburse the City of Lexington for any and all legal fees and court costs incurred in enforcing these terms and conditions.

___ 12. This agreement shall be governed by MO state laws and ordinances of the county.

___ 13. In the event that any terms, provisions, or paragraph of this agreement is declared illegal, void, or unenforceable, this shall not effect or impair other terms, provisions, or paragraphs of this agreement and the doctrine of the severability shall be applied.

Donation Amount \$ _____ Cash Check Money Order

ADOPTER AGREES TO THIS ADOPTION AGREEMENT: I herewith contribute a donation for the adoption in the amount shown above and, if not already done, I agree to have the animal sterilized by a licensed veterinarian as required by MO Law Sections 273.400 to 273.405 within the timeframe specified above or forfeit all money paid and return the animal to the City of Lexington Animal Control upon demand. I understand that my donation is not refundable. If for some reason it is necessary to return the animal to the City of Lexington Animal Control within 14 days of the adoption, upon presentation of a valid adoption agreement, there may be credit given towards a new pet in the amount of the original donation. I further agree that if at any time it becomes necessary to relinquish custody of this animal, I will not sell, trade, abandon, release, use for experimental purposes, or dispose of this animal in any way except to find the animal a proper, caring home. I agree to care for this animal in a humane fashion and should I violate the terms of this agreement, I shall return, upon demand, said animal to the City of Lexington Animal Control. I also agree to return this animal to the City of Lexington Animal Control **if the animal had been a stray and its rightful owner is found with sufficient proof of ownership to the satisfaction of the City of Lexington Animal Control.** I will not hold the City of Lexington Animal Control responsible for any illness of the animal nor for any damages which the animal may do to any person(s) or property. **With this agreement, the City of Lexington Animal Control has the right to examine / inquire as to the welfare of this animal at any reasonable time within five (5) years of the adoption.**

Adopter Signature(s): _____ Date: _____

City of Lexington Animal Control Representative Signature: _____ Date: _____



Animals Name: _____

Adopter: _____

In connection with my adoption application, I hereby authorize the City of Lexington and its designated agents and representatives to conduct a comprehensive background review through a consumer report or an investigative consumer report. I understand that the scope of the report may include, but is not limited to, the following: Criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, current and previous residences, character references, motor vehicle records to include traffic citations and registration and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any adoption decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession. This authorization and consent shall be valid in original, fax, electronic, or copy form.

I hereby release the City of Lexington, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. You may contact me as indicated below; I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in the strictest confidence.

Complete for all household members age 18 & over (use reverse side if needed):

First, Middle, & Last Name	Any Previous Name(s) / Maiden Name Used	Date of Birth
1.		
2.		
3.		
4.		

Previous residences in the previous 10 years (City & State)

City: _____ State: _____ City: _____ State: _____

City: _____ State: _____ City: _____ State: _____

Indicate any convictions for the crimes listed below relating to all persons 18+ in your household. Include the date of crime(s), the number of counts, who was convicted and the status/disposition of the case(s):

- | | |
|---|--|
| <input type="checkbox"/> Destruction of Property | <input type="checkbox"/> Rape or Molestation |
| <input type="checkbox"/> Drug Trafficking/Use or Possession | <input type="checkbox"/> Homicide/Murder |
| <input type="checkbox"/> Burglary/Robbery/Larceny | <input type="checkbox"/> Harassment/Stalking |
| <input type="checkbox"/> Child Abuse/Domestic Violence | <input type="checkbox"/> Assault or Fighting |
| <input type="checkbox"/> Theft/Receiving Stolen Goods; Number of Violation(s) | <input type="checkbox"/> Other |

(1) Signature: _____ Date: _____

(2) Signature: _____ Date: _____

(3) Signature: _____ Date: _____