

**Mitchell County Animal Rescue/Shelter Adoption Contract**  
**PO Box 308**  
**Spruce Pine, NC 28777**  
**828-765-6952, Fax 828-765-6765**

Contact # \_\_\_\_\_ Animal # \_\_\_\_\_ Date in \_\_\_\_\_ ID tag \_\_\_\_\_  
Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Color(s) \_\_\_\_\_  
Spayed/Neutered \_\_\_\_\_ Scheduled Spay/Neuter \_\_\_\_\_ Vet \_\_\_\_\_

**Vaccination and Worming Record**

7/1 & Worming Med. Date #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
Feleuk test \_\_\_\_\_ Rabies date \_\_\_\_\_  
Comments \_\_\_\_\_

Adoption Fees \$ \_\_\_\_\_ Sponsor Adoption \$ \_\_\_\_\_ Donations \$ \_\_\_\_\_  
All donations are tax deductible\*\*\*\*\*Volunteer \_\_\_\_\_ type \_\_\_\_\_

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**Adoption Application**

Name \_\_\_\_\_  
(print) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
County \_\_\_\_\_ Phone # \_\_\_\_\_  
Driver's License # and state \_\_\_\_\_

I acknowledge receiving from Mitchell County Animal Shelter, the custody of the above described animal and agree to the following conditions:

1. I will provide humane care, giving the animal proper food, water, shelter, exercise and proper veterinary care. I accept the animal as a household pet and companion, and will keep it as such, and will comply with all animal laws.
2. I will return the animal to Mitchell County Animal Shelter if, at any time I am requested to do so because of my violation of the terms of this agreement, making no charge for its upkeep or for any other reason.
3. Adoption fees **CANNOT** be refunded or transferred.
4. If the animal does not prove satisfactory, I will call the Shelter Manager within 7 days for assistance/appointment to bring the animal back to the Shelter.
5. I hereby accept possession of and responsibility for the animal identified above and hereby release and discharge Mitchell County, Mitchell County Animal Rescue and Mitchell County Animal Shelter forever from liability from any injury and/or

damage to any person or property caused in the future and from any cause of actions, claims, or suits.

6. I also do hereby declare that I am aware that MCAS/MCR makes no claims as to the temperament, health, or mental disposition of any animal for adoption.
7. I agree to pay to MCAS the sum of \$150.00, as liquidated damages in the event the terms of this contract are breeched. This liquidated damage value is agreed to for the purpose of establishing value of the animal and does not bar MCAS manager from seeking return of the animal by a judicial process or other legal means.
8. I agree to pay reasonable attorney's fees and court costs in the event this matter is forwarded to an attorney for enforcement.

*I have read and understand all the terms of this contract and will abide by them. I am 18 years of age or older.*

Adopter \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_