



PO Box 355
Mitchell SD 57301
605-770-2170

*Saving Lives,
One Paw At A Time*

mitchellanimalrescue.org
mitchellanimalrescue@yahoo.com
Adoption Application and Agreement

Name _____ Phone _____

Address _____ Email: _____

Purpose: Companion Watchdog _____ Hunter _____ Farm Animal _____ Gift _____

No. of Children under 18 _____ Current pets? _____ No. Spayed/Neutered: _____

Are you aware of the high costs of shots, spaying/neutering, and regular vet care? _____

How will you exercise your pet? _____

Are you aware of a leash law in your town? _____ Veterinarian _____

Although this pet was in foster care, be aware that Mitchell Animal Rescue has limited information on this animal as to temperament, health, age, behavior, or how it is around little children. The pets' foster parents will provide all the information they possibly can on the foster pet. Mitchell Animal Rescue makes no guarantees and adopter assumes all risk. There will be NO REFUNDS given as the adoption fees go towards helping rescue other animals. If you decide this animal is not a good fit for your family for ANY reason, please contact Mitchell Animal Rescue at 605-770-2170 and we will accept the animal back from you, place it in foster care, and find a new home for the animal. We want the animals and owners to be happy with each other. Please be responsible and don't turn a pet out to fend for itself.

Signature _____

As part of this adoption agreement with Mitchell Animal Rescue:

1. **I AGREE** to provide the proper food, water, and shelter for this pet; to give it the necessary attention and training to make it a healthy, happy animal. INITIAL_____
2. **I AGREE** to provide veterinary care for this animal in case of illness or injury and if I am unable to do so, I will contact Mitchell Animal Rescue at 605-770-2170 to surrender the pet and let them place the pet in foster care until a new home can be found. INITIAL_____
3. **I UNDERSTAND AND AGREE** that I will not knowingly permit this animal to be used for fighting or in the training of fighting animals, breeding, or allow it to be used for experimental use. INITIAL_____
4. **I UNDERSTAND** that Mitchell Animal Rescue requires the pet be spayed/neutered by a veterinarian within one (1) month, the time set by the Mitchell Animal Rescue. **I AGREE** to have it spayed/neutered. If it is not spayed/neutered within a month, Mitchell Animal Rescue has the right to take possession of the animal immediately. INITIAL_____
5. **I UNDERSTAND** that Mitchell Animal Rescue does not approve of debarking dogs. It is their greatest defense. **I AGREE** not to debark a dog adopted from Mitchell Animal Rescue. INITIAL_____
6. **I UNDERSTAND** that animals can have some of the same medical issues that humans do, such as cancer, diabetes, and allergies to grass, pollens, and smoke. INITIAL_____
7. **I UNDERSTAND AND AGREE** that Mitchell Animal Rescue has the right at any time to review the care and maintenance of any pet(s) adopted from their agency at any time, which includes in-home visit(s) and review of veterinarian files, and I agree to refrain from inhibiting Mitchell Animal Rescue should they choose exercise this right. INITIAL_____
8. **I UNDERSTAND AND AGREE** that Mitchell Animal Rescue may at any time reclaim any pet(s) I have adopted from their organization if such pet(s) are not being properly cared for under this agreement. I further **UNDERSTAND AND AGREE** that the costs of reclaiming the pet(s) and bringing the pet(s) back to good health and condition will be assessed against me. INITIAL_____



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10. **I UNDERSTAND** that if any action is taken against me by Mitchell Animal Rescue to reclaim any pet(s) because of improper care or maintenance, I will be unable to adopt an animal from Mitchell Animal Rescue in the future.
INITIAL _____

7. **I UNDERSTAND** that Mitchell Animal Rescue is a nonprofit organization dedicated to the protection and care of helpless and homeless animals, and reducing the number of unwanted and homeless pets. The adoption fee does not cover the cost of the animals we rescue.

Signed: _____
Adopter Mitchell Animal Rescue Representative

Date Signed: _____ Spay/Neuter By: _____

Adoption Fee _____ Method of Payment: Check # _____ Cash _____

Pet's Name: _____ ID# _____

REFERENCES: Please list three, one being your veterinarian, if you have one.

Name and Address: _____ Phone _____

Name and Address: _____ Phone _____

Name and Address: _____ Phone _____