

# Baxter County Animal Control Facility Adoption Agreement

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Date: \_\_\_\_\_  
Animal Name: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_  
Veterinarian's Address: \_\_\_\_\_  
\_\_\_\_\_  
Veterinarian's Phone: \_\_\_\_\_

If you rent, do you have your landlord's permission to have this pet? Yes \_\_\_ No \_\_\_

Are you inside the city limits? Yes \_\_\_ No \_\_\_

Do you have a yard? Yes \_\_\_ No \_\_\_

What type of fencing? \_\_\_\_\_ How High? \_\_\_\_\_

Will this pet be tethered, tied or chained? Yes \_\_\_ No \_\_\_

How many animals are in the home? \_\_\_\_\_

How many people/children are in the home? \_\_\_\_\_

What are the ages of the children? \_\_\_\_\_

Who will be responsible for this pet on a daily basis? \_\_\_\_\_  
\_\_\_\_\_

Will you be able to keep up with vet care for the life of the pet? Yes \_\_\_ No \_\_\_

Are there any breed specific laws or regulations in the City/Town/County where you reside? Yes \_\_\_ No \_\_\_

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I \_\_\_\_\_ do hereby agree to adopt the following described animal from Baxter County Animal Control Facility and abide by the following conditions:

Animal Description: Cat \_\_\_ Dog \_\_\_ Sex: M \_\_\_ F \_\_\_  
Spayed/Neutered: Yes \_\_\_ No \_\_\_ BCAC Intake No.: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_

## Conditions

1. I agree to care for the above described animal in a humane and responsible manner and to provide it with clear and adequate shelter, food, water and veterinary care.
2. I agree to have the above described animal given yearly rabies vaccination in accordance with Arkansas State Law ACA 20-19-202 and ACA 20-19-305. I agree to assume full responsibility for the annual veterinary care for this animal.
3. I agree that in the event I can no longer care or keep the animal, I will contact Baxter County Animal Control immediately to make arrangements for said animals return to the custody of Baxter County Animal Control.
4. I agree to provide the animal with proper identification in accordance with Baxter County Ordinance No. 2003-2, Section 5.
5. I agree to keep this animal from running at large and keep it under my control when off my property.
6. I understand that Baxter County Animal Control Facility makes no representations or warranties, expressed or implied, about the above described animal's temperament and is hereby absolved from any liability for future damages or injuries caused by said animal; further, I also understand and agree that Baxter County Animal Control Facility gives no guarantees, expressed or implied, of the suitability of the animal to the adopter and/or the adopter's family.

I have read and understand the adoption agreement and agree to abide by the conditions set forth.

\_\_\_\_\_  
Signature of Adopter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone:

**Baxter County Animal Control Facility  
9 Substation Place  
Midway, AR 72651**

**Phone: 870-481-5822**

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