



For Office Use
Only.
IMPOUND NO.

Reclaim/Adoption Agreement

Reclaim/Adoption agreement between Socorro Animal Shelter and;

Name (Print) Last First MI

Driver's License No. Expiration date DOB

Address City, State, Zip Code

Phone (Home) (Work)

ANIMAL INFORMATION:

Type Name Breed Weight Color Sex Age

FOR AND IN CONSIDERATION OF RECEIVING THE ANIMAL DESCRIBED HEREIN, THE UNDERSIGNED AGREES TO THE FOLLOWING:

- 1. Shall care for and treat the animal humanely and comply with the Animal Control Ordinance set forth by the City of Socorro.
2. Shall have the animal vaccinated for rabies by a veterinarian or under his/her supervision within 30 (thirty) days from today's date. And shall pay any vaccination fees required by the veterinarian in excess of the rabies vaccination fee. The animal shelter shall NOT be responsible for fees in excess of the rabies vaccination fee.
3. Shall have the animal surgically sterilized by a veterinarian by said date. And shall pay any sterilization fees required by the veterinarian in excess of the sterilization fee. The animal shelter shall NOT be responsible for fees in excess of the sterilization deposit and/or fee. (Must obtain breeders permit to null & void sterilization.)
4. Shall keep the animal confined or restrained in such a way as to prevent its unintended breeding. (This option is NOT available for person/persons adopting a domestic animal.)
5. Shall allow Animal Control to repossess the animal, to become subject to any legal action allowed by law, if applicable, to forfeit the sterilization or rabies vaccination deposit for failure on the undersigned's part to comply with this agreement.

FAILURE TO COMPLY WITH THE TERMS OF THIS AGREEMENT SHALL RESULT IN LEGAL ACTION AS SET FORTH BY LAW.

Signature of Adopting/Reclaiming Party Date Impound No.
(Please Circle One)

To be completed by Licensed Veterinarian upon Sterilization and/or Rabies Vaccination, and Returned for Refund of Sterilization and/or Rabies Vaccination Deposit.

I, certify that the above animal was sterilized and/or vaccinated for rabies. (Please circle one or both)

Clinic Clinic Address Phone#: