



Animal Services ADOPTION CONTRACT

1057 Logan Avenue, Winnipeg, MB R3E 3N8 Winnipeg.ca/animalservices

Person ID: _____

Pet License #: _____

between the proposed adopter:

Name: _____ Street Address: _____

City/Town: _____ Postal Code: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

Email Address*: _____ Occupation: _____

Emergency Contact: Name: _____ Telephone: () _____

and The City of Winnipeg, through its Animal Services Agency (hereinafter referred to as: "the Agency")

regarding Animal ID _____ Name _____ Breed _____ Colour _____ Est. age _____ Gender _____

In consideration for the right to adopt the animal identified above, I, the above-identified proposed adopter, do hereby:

1. certify that I am at least 18 years of age and that the above-noted information is true;
2. authorize the verification of any and all statements made herein by me, and the disclosure of any and all information contained herein for any and all purposes;
3. acknowledge that the Agency reserves the right to deny my proposal to adopt this animal;
4. covenant and agree with the Agency that the adopted animal, upon its delivery into my adoption, shall be kept in my possession, under such controls as are prescribed in the prevailing by-laws of my community, and shall be treated humanely at all times, including the provision of any necessary veterinary care and medication and the daily provision of sufficient food, water, and adequate shelter, at my own expense;
5. understand and agree that the animal is being adopted as a pet and that I will not eat the animal or have it butchered in any manner. I further agree that the animal shall only be humanely euthanized by a licensed veterinarian when deemed necessary by the veterinarian;
6. agree that, by accepting the dog when it is delivered to me, I acknowledge that the said dog is in good health except as otherwise advised by the Agency. I further agree that, after the animal is delivered to me, the Agency has no obligation to exchange the dog, to refund to me the adoption fees, or to pay the costs of medical treatment unless the Agency specifically agrees to do so in writing at the time of delivery;
7. acknowledge that the Agency has advised me to quarantine the said animal from any contact with any other animals for seven days after I take delivery of it as a precaution to safeguard the health of the adopted animal and that of other animals;
8. agree and undertake that if the animal is not fixed, as soon as is practicable, but not later than four months from the date of my adoption of this dog, I shall deliver it or have it delivered to a veterinarian licensed to practice in the Province of Manitoba to undergo, as applicable, castration ("neutering") or ovariectomy ("spaying");
9. warrant that the adopted animal has never been owned by me nor anyone related, or known to me;
10. warrant that I am not adopting the animal for someone else and I agree that I will not give the animal away without the written permission of Animal Services, including having the animal reside at a residence other than my own;
11. acknowledge that my failure to comply with the above stipulations shall result in the adopted animal's being seized by the appropriate peace officer(s); and
12. agree that neither the Agency, nor its employees, volunteers, servants or agents shall be held liable with respect to any damage, injury or sickness that may occur and may be attributable, directly or indirectly, to my having adopted the said animal, regardless of any evident, apparent or suspected negligence on the part of the Agency, its employees, volunteers, servants or agents.

We will be activating your Pet Insurance for your new pet. Do you authorize us to give your contact information to PetSecure Pet Insurance for the purpose of registering your new pet's 6 week free trial pet insurance? Yes No

*Send future pet license renewal notices to my email address. Paperless invoices allow us to save money to help animals in our care while also helping the environment. Yes No

In witness whereof I have signed my name hereto: _____ Date: _____

----- (The following portion shall be completed by the Agency Chief Operating Officer or his/her delegate) -----

This proposal is: Approved / Denied (if denied, state reason, continuing on reverse if necessary):

(Signature of Chief Operating Officer or Delegate) Date: _____ Time: _____ am/pm