



TOWN OF BURLINGTON

200 Spielman Highway

Burlington, CT 06013

Telephone: 860.673.6789

Animal Control Division

Animal Adoption Agreement

Case # _____ Date: _____ Time _____

Animal Name _____ Breed: _____ Sex _____

Name _____ DOB ____ / ____ / ____

Address _____ Phone _____

I, the adopter, agree to the following terms:

1. I see this animal as a lifelong commitment, family member, and companion. _____
2. I agree to provide the animal with proper food, water, clean and dry shelter, daily exercise, and all other necessities. _____
3. I agree to provide veterinary care for the animal including regular examinations, routine vaccinations (Rabies, Distemper/Parvo, Bordetella, etc.) and tests. I will provide the animal with flea/tick and heartworm prevention as directed by the veterinarian. _____
4. I will provide all medical care and treatment needed for the animal in the event that the animal becomes ill or injured. _____
5. If not already altered, I agree to have the animal spayed/neutered. _____
6. I agree to license the animal, if applicable, in the town that I reside. _____
7. I understand that the Burlington Animal Control makes no guarantees of health, habits, temperament, or any other fact about the animal _____
8. I accept the animal as is, including all known or unknown conditions, or injuries, and assume liability for costs of all necessary medical care and treatment for the animal. _____
9. I understand that medical history, including exposure, vaccinations, and pre-existing conditions is unknown and that I will have the animal evaluated by a licensed veterinarian. _____

- 10. I understand that by signing this agreement and taking possession of the animal I will be solely responsible for the needs and actions of the animal. _____
- 11. I agree to not abuse or neglect the animal and to treat the animal in a kind and humane manner. _____
- 12. I have never been charged with animal abuse/neglect or related offense. _____
- 13. I understand that the adoption fee is non-refundable and the animal cannot be returned. _____

FOSTER:

I, the foster applicant, agree to care for and maintain the above listed animal at my own expense until such time that a permanent, suitable home is established or until I, or the Town of Burlington terminate this agreement. I understand that all the above terms for adoption apply while the animal is under my care.

FOSTER STATUS: APPROVED / DENIED _____ ACO

Applicant _____ Date: ____/____/____
 Municipal Animal Control Officer/Agent _____ Date: ____/____/____
 Fee Collected: Cash Check # _____
 State of CT Voucher Issued