

Decatur Animal Control  
PO Box 220, Decatur AR 72722  
(479) 752-7235

**Adoption Agreement**

Species \_\_\_\_\_ Name \_\_\_\_\_  
Breed \_\_\_\_\_ Breed 2 \_\_\_\_\_  
Color \_\_\_\_\_ DOB \_\_\_\_\_  
Hair \_\_\_\_\_ Sex \_\_\_\_\_ Chip \_\_\_\_\_  
Name and address \_\_\_\_\_  
Phone No. \_\_\_\_\_ DL # \_\_\_\_\_ DOB \_\_\_\_\_

**AGREEMENT TO COMPLY WITH ACT 839 OF 1995**

I, the undersigned, understand it is unlawful for Decatur Animal Services to release any dog that has not been sterilized to a new owner unless a promise to spay or neuter the animal has been signed by the person acquiring the animal.

I promise to have the animal spayed or neutered and provide proof on or before the date stipulated on this agreement. In the unfortunate event the animal dies or escapes my possession, I agree to notify Decatur Animal Services. I also understand this animal may not be disposed of (given away, sold, etc.), in any manner, before it has been spayed or neutered.

I understand if I do not comply with this agreement, it will constitute a violation of Act 839 of 1995, and I can be charged with a misdemeanor punishable by a fine of not less than \$100, nor more than \$500. I understand ownership of this animal as promised, and no claim may be made by me to recover expenses incurred for maintenance of the animal, including initial procurement costs. I hereby acknowledge that I have been advised to take this animal to a Veterinarian within 72 hours for a health check. I hereby accept possession and responsibility for the animal I am adopting. I hereby release and discharge the City of Decatur, Decatur Animal Services, and any of their employees or agents from any and all liability or for any injury or damages to any person or property caused in the future by said animal; from any causes of actions, claims, suits, or demands whatsoever that may arise as a result of such injury or damages. I accept the animal and agree to the conditions on this document.

I, the undersigned, agree to spay or neuter the listed animal prior to \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Decatur Animal Control \_\_\_\_\_

Date Animal Released \_\_\_\_\_

Veterinarian \_\_\_\_\_

Hospital \_\_\_\_\_ Date of spay/neuter \_\_\_\_\_