CITY OF TEMPLE ANIMAL SERVICES

620 Mama Dog Circle
Temple, TX 76504
Phone: (254) 298-5732 / Fax (254) 298-5741

ADOPTION AGREEMENT

I, Sample Person, hereby agree to the following:

1. I will provide the animal with rabies vaccination in accordance with State and City law.
   * Failure to comply is a criminal offense and will result in a citation.
   * I will provide proof of rabies vaccination to Temple Animal Services no later than 2/13/2024. This vaccination can be from the veterinarian of my choice.
   * The proof must come from a veterinarian.

2. State Law Requires your animals to be sterilized in accordance with Chapter 828, Texas Health and Safety Code.

   * I will have the my animals sterilized in accordance with this law.
   * Failure to do so is a criminal offense and will result in a citation. The City also has the right to reclaim an unsterilized animal adopted from the City of Temple.
   * I will provide proof to Temple Animal Services that the animal has been spayed by the veterinarian of my choice no later than 2/2/2024.
     (14 days from adoption for animals 6 months old, or as soon as the animal reaches 6 months.)
   * Texas Administrative Code 573.76 requires you to microchip or tattoo this pet after it is sterilized. Your veterinarian can provide this service for a fee.

3. I understand that the City of Temple cannot be held responsible for the health, condition or any problem that may occur to the animal.
   * There is *No Guarantee* as to the health or physical condition of this animal.

4. I understand that the City of Temple will not, under any circumstances, make a refund of any fee.

EXAMPLE

* Information provided on this form may be subject to public release under the Texas Public Information Act.

SAMPLE PERSON 02/21/2013
505 N 1117TH ST
TEMPLE, TX
555-1894 P000002

Save taxes, spay/neuter your pets

Animal Information
SAMPLE DOG - A999999
DOG
TREEING CUR MIX
FEMALE

Signed
Shelter Employee

VETERINARIAN CERTIFICATE

SAMPLE DOG - A999999
DOG
TREEING CUR MIX
FEMALE

SAMPLE PERSON U13-011981
505 N 1117TH ST
TEMPLE, TX
555-1894 P000002

Clinic: _____

Veterinarian: _____

Surgery Completed On: _____ Rabies Vacination No. _____