



City of Jasper Animal Control Adoption Form

Email to animalshelter@jaspertx.org

or

Fax to (409) 384-3790

506 CR 296

Jasper Texas 75951

409-383-2220

Date: _____

Name: _____

Address: _____

Phone Number: _____

I, the adopting person of _____, agree to take ownership and responsibilities of said animal, and will have it sterilized by _____ and I agree to submit, in person or by mail, a letter confirming the sterilization of said animal containing the name of the vet and the date of sterilization.

ALL DOGS ARE REQUIRED TO BE SPAYED OR NEUTERED UNDER CHAPTER 828, HEALTH AND SAFETY CODE, AND A VIOLATION OF HIS CHAPTER IS A CRIMINAL OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR!

_____ I understand said animal may be reclaimed by the City of Jasper Animal Control if sterilization agreements are not met.

_____ I agree to comply with all city and state laws relating to animals.

_____ I understand that the City of Jasper Animal Shelter does not guarantee the health of this animal, I agree to hold the city of Jasper Animal Shelter harmless for any present or future illness this animal may have or contract.

_____ I understand that the City of Jasper Animal Shelter does not guarantee the temperament of this animal. I agree to hold the City of Jasper Animal Shelter harmless for any damages with the animal may cause to any person or property.

_____ **I also agree to comply with TEXAS State Law that said animal must be vaccinated against RABIES**, with in 5 day of adoption date. If animal is under four months of age, I agree to get it vaccinated against rabies by four months of age, and agree to keep the animal current on vaccination against rabies.

Signature: _____ Date: _____

OFFICE USE ONLY

Adoption Fee\$ _____

ID #: _____ Breed: _____ Color: _____ Age: _____ Sex: _____

Officer Signature: _____

*Saving one dog will not change the world but surely for that one dog the world will change forever
~Karen Davison~*