



17. Would you consider taking the dog to training classes if needed? Yes No

18. Under what circumstances would you not keep this dog? \_\_\_\_\_

19. Please list all pets you have owned in the past 12 years:

Type of pet (dog, cat, etc)	Spayed or Neutered?	How long owned?	If no longer owned, what happened to him/her?

Please note we reserve the right to refuse adoption to any applicant.

I understand that many of the animals at the Macomb County Animal Control are strays, therefore their health and veterinary care history is unknown.

I understand that all animals available for adoption have received age appropriate and species specific vaccinations, treated for intestinal parasites if observed and have been tested for canine heartworm or feline leukemia/FIV.

I understand that the Macomb County Animal Control does not perform any diagnostic testing or extensive physical examinations and therefore cannot make any health guarantee for the animal you are adopting.

**I understand as the adopter, I am responsible for any future veterinary expenses. Adoption fees are not refundable.**

I understand that by completing this agreement that I may be subject to a background check (Logan's Law) and information provided may be verified.

I agree to treat the animal I am adopting in a kind and humane manner; to provide adequate food, water and shelter; to keep the animal current with vaccinations; to provide veterinary medical care when needed. If for some reason I am unable to keep the animal, I agree to return it first to the Macomb County Animal Control. If Macomb County Animal Control is not able to take the animal, I must provide housing for it until another suitable home is found.

My signature below certifies that I am twenty-one (21) years of age or older, that I have read this agreement in its entirety, that the information I have provided is accurate and true, that I will abide to the terms of this adoption agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date