



## **CITY OF MEDICINE LODGE ANIMAL ADOPTION APPLICATION**

Name of adopting owner: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone: \_\_\_\_\_

ANIMAL ID #: \_\_\_\_\_

By adopting an animal from the Medicine Lodge Animal Shelter, I agree to pay all kennel fees incurred. There is a \$60.00 required deposit on all animal adoptions. The \$60.00 will be refunded if you have the animal spayed or neutered within three months of the adoption. The animal must also have the RABIES vaccination or the City of Medicine Lodge has the right to take the animal back.

I also agree to purchase city tags after I have proof of the rabies vaccination.

\_\_\_\_\_

SIGNATURE OF ADOPTER

\_\_\_\_\_

AGENT FOR THE CITY OF MEDICINE LODGE

SPAY OR NEUTER DEADLINE: \_\_\_\_\_