

City of Potosi Animal Control Report

Assigned Number: _____ Intake Date: _____ Location: _____

Canine ___ Feline ___ Male ___ Female ___ Spayed ___ Neutered ___ Age ___ Weight ___

Breed: _____ Color: _____

Euthanized ___ Reason _____

Owner Claimed

Owner: _____ Date: _____ Phone #: _____

Address _____ City: _____ State: _____ Zip: _____

Pet's Name _____ Proof of Rabies Vaccination: YES or NO circle one

Signature: _____ Amount Paid: _____

Appointment Date: _____ Time: _____

Release of Ownership

I, as legal owner/ keeper of the above listed animal, hereby release my ownership of the animal to the City of Potosi Animal Control Division. I understand that adoption cannot be guaranteed, and euthanasia may be necessary. I certify that the animal has not bitten any person within the last ten (10) days.

Name of Owner: _____ Phone#: _____ Date: _____

Address _____ City: _____ State: _____ Zip: _____

Reason: _____ Signature: _____

Adoption

City of Potosi Municipal Code Sec. 4-32(c) If any animal is not claimed in the manner provided herein within five days after its impoundment, such animal shall be disposed of by adoption placement, sale or euthanasia. Before release by adoption or sale, the new owner shall have the animal vaccinated and pay any impoundment fees due under paragraph (b) 3 and (b) 4 only. In certain cases, the Animal Control Officer may waive the daily board fees for animals adopted. If the buyer or adopter is a City resident, he shall also purchase a license tag, if the City adopts such additional regulations. (Ord. 981, §1)

I hereby acknowledge that upon adopting an animal from the City of Potosi Animal Pound, I accept this animal at my own risk, and I release the City of Potosi from all liability resulting directly or indirectly from the adoption. I agree to use the animal for no other purpose than as a pet and not used for any experimental purpose. I understand a veterinarian has not examined this animal and the health of the animal cannot be guaranteed. I agree to return the animal to its original owner should they prove legal ownership.

Adopter: _____ Phone#: _____ Date: _____

Address _____ City: _____ State: _____ Zip: _____

Procedures Performed: Rabies ___ Spay ___ Neuter ___ Amount Paid: _____

Appointment Date: _____ Time: _____ Signature: _____

The City of Potosi has a policy of **NO REFUNDS**. The city pays the amount you pay directly to the veterinarian for services provided for your pet.