



TOWN OF STERLING ANIMAL CONTROL
135 Leominster Road
Sterling, Ma 01564
978-422-7331

ANIMAL ADOPTION CONTRACT
NOTICE TO NEW GUARDIANS OF ANIMALS

I/We, _____, Hereby Adopt _____ from the Town of Sterling
(Applicant) (Description/name of my new pet)

and Agree to Abide by Certain Principles of Responsible Animal Ownership, Including:

- **Protect:** “To Protect People from Animals and Animals from People;”
- **Control:** To keep my/new animal in my possession and control at all times;
- **Abide:** To abide by the applicable Massachusetts General Laws, the bylaws of the Town Of Sterling or the applicable bylaws/ordinances of my home municipality, and any rules adopted or enacted therein;
- **Care:** To care for my/our new pet humanely;
- **Reduce:** To have my/our new pet spayed/neutered to help reduce the number of unwanted/abandoned animals in shelter;
- **Return:** There is no ‘trial’ adoption period. However, within the first sixty (60) days, for any reason, should I/we wish to relinquish ownership of the animal, I/we may do so ***only*** to the Town of Sterling.

My/our initials next to each requirement below serves as acknowledgement that I/we have read and agreed to each Term for adoption.

_____ I/we are at least eighteen (18) years of age.

_____ I/we understand that this adoption of an abandoned/surrendered animal, and not the purchase thereof. Therefore, any donation made to the Town of Sterling is voluntary and not refundable ***for any reason.***

_____ I/we adopt this animal for my/ourselves(s) and my/our family and not as a gift for compensation for Anyone residing outside the home address listed below.

_____ I/we am/are prepared for and assume all responsibility for all of the needs of this pet, including shelter food, water, exercise, veterinary care and human treatment. I/we am/are prepared for all aspects of pet ownership, including financial, emotional.

_____ I/we agree to take this new pet to a veterinarian for a check-up within ten (10) days of adoption, and to visit my/our veterinarian for all medical treatments and vaccinations that are required.

_____ If this new pet is not yet spayed/neutered, I/we agree to have this new pet spayed/neutered within sixty (60) days of the adoption, or within sixty (60) days of this pet reaching six (6) months of age.

_____ I/we will provide the Town of Sterling with a thirty (\$40.00) deposit, said deposit will be refunded to me/us once I/we provide the Town of Sterling with proof of spay/neuter.

_____ I/we will treat my/our new pet as a member of the family and will not use him/her for breeding, experimental or criminal purposes.

_____ All family members support the adoption of this pet. I/we have considered the compatibility of this specific pet with other animals that may already be living in the home. To the best of my/our knowledge, no family members have medically uncontrollable allergies to this type of pet.

_____ I/we agree to provide the Town of Sterling with either:
proof of home ownership, or
proof in either a rental or lease agreement that the apartment/condominium in which I/we reside allows pets like the one that I/we are now adopting. I/we also agree to provide contact information for either a landlord or an association, whichever controls my/our residence and authorize the Town of Sterling to contact said person/association to verify pet ownership rules.

_____ I/we will abide all pet licensing, leash law and vaccination laws/bylaws and/or regulations.

_____ I/we understand that failure to comply with *any* of these requirements may result in the confiscation of this pet. I/we waive any objection to the Town of Sterling to contact me/us to insure compliance with these regulations.

_____ I/we indemnify the Town of Sterling and its employees for the present and/or future health / temperament of this pet. I/we also indemnify the Town of Sterling and its employees from any damage, accident or injury caused either directly or indirectly by this pet towards other animals, people or property.

Signature(s): _____

Print Name(s): _____

Address: _____

Phone Number: _____ Date: _____

PLEASE KEEP A COPY OF THIS AGREEMENT