



## Conditional Agreement for Adopting Animals

Killeen Police Department  
Animal Control Division  
PO Box 1329, Killeen Texas 76540-1329

Agreement Number: **P000000/A000000**

Date: **CONTRACT DATE**

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### New Owner Agrees:

1. To provide humane care for the animal.
2. To provide the animal with a rabies vaccination and deliver proof to the animal Control Division within thirty(30) days of adoption or when the animal is four(4) months of age and older.

\_\_\_\_\_The date vaccination is to be accomplished is **0/00/0000**

3. **THAT STERILIZATION OF THE ANIMAL IS REQUIRED BY CHAPTER 828, HEALTH AND SAFETY CODE, STATE OF TEXAS, AND A VIOLATION OF THIS CHAPTER IS A CRIMINAL OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR.**

4. To have sterilization completed as follows:
  - A. The 30th day after adoption of an adult animal.
  - B. The 30th day after an adopted infant animal becomes six(6) months old.

\_\_\_\_\_The sterilization completion date is **0/00/0000**      **MICROCHIP/TATOO**

5. To deliver to the Animal Control Division a letter within seven(7) days from the date that:
  - A. The animal has been sterilized. The letter must be signed by the veterinarian performing the surgery, or;
  - B. The animal has died stating the cause of death, if known, or;
  - C. The animal was stolen or lost and the circumstances surrounding the disappearance, or;
  - D. The animal is no longer owned by you, accompany the owner to the Animal Shelter to complete an agreement transfer.

6. If sterilization is not completed the animal will be reclaimed by Animal Control and the owner issued a citation for non-compliance with this agreement. **Failure to comply with the instructions on a citation will cause warrant for arrest to be issued.**

7. I have read and understand the agreement for adopting and sterilizing the animal. I agree to the conditions as set forth. I further understand that the City of Killeen cannot be held responsible for any health condition or problem that may occur to the animal.

### Animal Description

Breed: **LABRADOR / MIX**

Sex: **FEMALE**      APPROXIMATE DATE OF BIRTH: **2/7/2007**

Color: **BLACK/WHITE**

Name: **YOUR ANIMAL'S NAME (IF ANY)**

Distinctive marking/features: **HAS MICRCHIP**

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**OWNER NAME / DATE**

**ADDRESS**

**PHONE NUMBER / CONTRACT NUMBER**

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ACO Signature: