

RESOLUTION 91 - 16

A RESOLUTION AMENDING RESOLUTION 90-87, WHICH SET FORTH FEES AND PROCEDURES FOR THE ADOPTION OF DOGS AND CATS.

WHEREAS, the Board of County Commissioners of Nassau County, Florida, desires to establish fees and procedures for the adoption of dogs and cats; and

WHEREAS, Florida Statutes, 823.15, sets forth requirements for said adoption,

WHEREAS, the Board of County Commissioners adopted Ordinance 90-12 as well as Resolution 90-87, which set forth the fees and procedures for the adoption of dogs and cats;

WHEREAS, the Board has found it necessary to amend Resolution 90-87.

NOW, THEREFORE, BE IT RESOLVED this 23<sup>d</sup> day of October, 1990, by the Board of County Commissioners of Nassau County, Florida, hereby amends Resolution 90-87 as follows:

1. The Board, pursuant to Ordinance 90-12, hereby adopts the adoption contract attached hereto as Exhibit "A" and made a part hereof.

2. The adoptor shall pay the sum fee of \$50.00 for dogs and \$40.00 for cats as and for the adoption. A five dollar (\$5.00) administration fee shall be retained for administrative expenses.

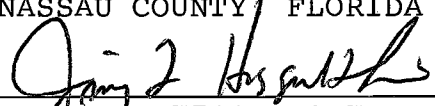
3. The provisions of Chapter ~~832-15~~ 823.15, Florida Statutes, shall apply as to the adoption of dogs and cats. In


addition, the adoptor shall comply with the provisions of the contract regarding the general physical ~~check-up~~ health of the animals.

4. Upon proof of sterilization, the veterinarian may obtain payment from the County in the amount of \$45.00 for dogs and \$35.00 for cats.

5. In addition, the adoptor shall comply with the provisions of the contract regarding the general health of the animals.

BOARD OF COUNTY COMMISSIONERS  
NASSAU COUNTY, FLORIDA

  
\_\_\_\_\_  
JIMMY L. HIGGINBOTHAM  
Its: Chairman

ATTEST:   
\_\_\_\_\_  
T. J. GREESON  
Its: Ex-Officio Clerk

NASSAU COUNTY ANIMAL CONTRACT  
ADOPTION CONTRACT

THIS ADOPTION CONTRACT is made between \_\_\_\_\_ as "Adopter" and the Nassau County Board of County Commissioners, on this \_\_\_\_ day of \_\_\_\_\_, 1990.

In consideration of payment of an adoption donation of \$\_\_\_\_\_, the Adopter agrees to adopt the following described animal from the Nassau County Animal Shelter subject to the terms and conditions set forth herein:

M  
 F     Altered  
\_\_\_\_\_  
(Sex)                      (Breed)              (Color)              (Age)              (Tag No.)

1. It is agreed that right to possession of the adopted animal is retained by Nassau County until after a veterinarian certifies on this contract that the vaccinations, wormings, and surgical sterilization required by this contract have been completed.

2. The Nassau County Animal Control Supervisor agrees to exchange any adopted animal if the animal does not work out or proves to be in poor health and is returned or dies of natural causes. However, no exchanges shall be given for any reason after fourteen (14) days from the date of this contract. Exchanges will be limited to three animals. NO CASH REFUNDS.

3. In return, as adopter I agree to the following:

(a) To take the animal to the participating veterinarian of record as designated on this contract within three (3) working days for a general physical check-up and any necessary vaccinations, worming, medications or other treatment, at my own expense. The County is not responsible for reimbursement of medical expenses.

(b) Animals 6 months of age or older. I will arrange for the surgical sterilization of my pet, as required by Florida Statute 823.15, within thirty (30) working days from the date of adoption and after the initial veterinarian treatment by the veterinarian of record, as designated in this contract.

(c) Animals under 6 months of age. After the initial veterinarian treatment by the veterinarian of record, as designated in this contract and prior to my adopted pet becoming 6 months of age, I will arrange for the surgical sterilization of my pet as required by Florida Statute 823.15.

(d) NO FEMALES WILL BE SPAYED WHILE IN SEASON OR PREGNANT.

(e) To have the animal vaccinated against rabies, and to obtain a County license and generally to comply with all laws concerning the keeping of a domestic pet. I also understand that it is recommended I provide an identification tag for the animal to include my name, address and phone number.

(f) To provide adequate food, water, shelter, exercise, medical care, and generally to care for the animal in a devoted and humane manner.

(g) To keep the animal primarily as a pet; to keep it on my property or within my control at all times and not to let it roam.

(h) If the animal is a dog, I will not permit it to be used as a guard dog for hire or other commercial purposes. If the animal is a cat, I will provide it with a humane, elastic type collar, for the purpose of identification.

(i) I will not allow the animal to be used for research.

(j) To return the animal to the Nassau County Animal Control Shelter, if, as adopter, I no longer desire to or am able to care for the animal, and I will not sell, trade, give away or abandon the animal. If the animal is lost, I will contact the Nassau County Animal Control Office and make every effort to recover it.

(k) To allow Nassau County at any time to investigate the premises where the animal is kept and to reclaim the animal if in the judgment of the investigator the animal is not being adequately cared for, if I have misrepresented any facts to the proper County official. THIS CONTRACT IS NOT TRANSFERABLE.

4. I further understand:

(a) That if I desire to have a veterinarian not participating in the program do the surgical sterilization, the surgery must be done at my own expense and proof of same presented to the Nassau County Animal Control Authority within the stipulated time.

(b) That if I do not comply with all parts of this contract I must give up the adopted animal when requested to do so by the Nassau County Animal Control Authority. THIS CONTRACT IS NOT TRANSFERABLE. NO CASH REFUNDS.

ADOPTER (SIGNATURE) \_\_\_\_\_ BY: \_\_\_\_\_  
SIGNATURE OF STAFF MEMBER

ADDRESS \_\_\_\_\_ APT. NO. \_\_\_\_\_ LOT NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ D.L.# or other I.D. \_\_\_\_\_ Receipt# \_\_\_\_\_

Work Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_ Veterinarian of Record \_\_\_\_\_

Veterinarian's Approval: \_\_\_\_\_

I certify that the vaccinations and wormings required by this Contract have been completed.

Date \_\_\_\_\_ Signed \_\_\_\_\_ DVM Clinic \_\_\_\_\_

Transfer of Ownership after Surgery:

Clinic \_\_\_\_\_ Date of Surgery \_\_\_\_\_

VETERINARIAN'S SIGNATURE \_\_\_\_\_

ADOPTER: Please keep this copy of the contract for your records. An additional copy of lost contract is \$1.00 and must be picked up.