



Animal Welfare and Control Unit

Adoption Contract

The purpose of this contract is to ensure any animal(s) adopted from the Department of Agriculture Animal Pound is/are placed in a permanent home with responsible owners.

A person interested in adopting an animal must be 18 years or older, present a valid photo identification, comply with the provisions of the Department of Agriculture's Animal Adoption Policy and Procedures and meet the requirements listed within this contract.

Any individual wishing to adopt an animal from the Animal Pound must first meet any and all eligibility requirements, and must complete this contract in full.

Potential Adopters must be 18 years of age, must not have a history of animal abuse or neglect, nor have allowed any previous animals to stray and be captured by the Department of Agriculture.

All adoptions must be pre-approved by the Senior Animal Welfare Officer or his designate.

The Department of Agriculture reserves the right to deny any adoption if they feel it is in the best interest of the animal or the Potential Adopter.

If the adopted animal is not being cared for in accordance to the Five Freedoms and the Animals Act, the animal may be seized without compensation.



Data Protection Disclaimer:

At the Department of Agriculture, we are committed to protecting your personal data in accordance with the Cayman Islands Data Protection Act (2021 Revision) (“DPA”). This disclaimer outlines how we collect, use, and protect the personal information you provide during the animal adoption process.

Collection of Personal Data

We collect personal information that you voluntarily provide to us when expressing an interest in adopting a dog. This may include your name, address, contact information, and any other details necessary to process your adoption application.

Use of Personal Data

The information collected is used solely for the purpose of processing your adoption application and facilitating the adoption process. We may also use your contact information to provide updates on your application status or to share information about our services, provided we have obtained your consent to do so.

Disclosure of Personal Data

We do not share your personal data with third parties without your explicit consent, except as required by law or as necessary to process your adoption application. For example, we may need to share your information with a veterinary clinic should you be collecting your new pet directly from them.

Data Security

We implement reasonable measures to protect your personal data from loss, theft, misuse, and unauthorized access, disclosure, alteration, or destruction. However, please understand that no data storage system or transmission over the internet can be guaranteed to be 100% secure.

Your Rights

Under the DPA, you have the right to access the personal data we hold about you, request corrections to any inaccuracies, and, in certain circumstances, request the deletion of your data. To exercise these rights, please contact us.

If you have any questions or concerns about our data protection practices, please contact us at:

Data Protection Leader

- Email: patricia.muschette@gov.ky
- Phone: 345-947-3090
- Address: 181 Lottery Road

By proceeding with the adoption process, you acknowledge that you have read and understood this Data Protection Disclaimer and consent to the collection and use of your personal data as described herein.



Adoption Contract

Name: _____
FIRST MIDDLE LAST

Date of Birth: ____ / ____ / ____
DD MM YYYY

Street Address: _____ District: _____

P.O. Box: _____ KY__ - ____ District: _____

Contact Numbers: (H) _____ (W) _____ (C) _____

1. What species and breeds of pets do you currently have in your household?

Species	Breed	Sex and Status	Age

2. What are you looking for in a dog?

- ☐ An energetic exercise companion
- ☐ An adventurous companion
- ☐ A relaxed and easy-going companion
- ☐ Other; please specify _____

3. How many persons live in your household along with you?

_____ Adults

_____ Children

4. In the event that children reside in your household as per question 3, kindly outline the ages of all minor children currently residing in your home:



5. Do you rent or own the property at which you reside?

☐ Rent

☐ Own

6. In which of the below property types do you reside:

☐ House

☐ Apartment

☐ Condo

☐ Duplex

☐ Other; please specify _____

7. Please specify your immigration status

☐ Caymanian

☐ Permanent resident

☐ Resident

☐ Work permit holder

☐ Other; please specify _____

8. If you are a temporary resident, work permit holder, or otherwise plan to relocate abroad in the future, please outline what you plan to do with your pet(s):

9. Where will your new pet be kept:

☐ Indoors

☐ Outdoors

☐ Other; please specify _____

10. If you plan to keep your pet outdoors, do you have a fenced yard? If yes, please specify the type of fence and height:

11. If you plan to keep your pet outdoors and do not have a fenced yard, how will you keep your animal contained within your property?



12. Are you prepared for the basic costs involved in maintaining this pet? These costs include annual vaccinations and deworming, check-ups, preventive care, grooming, flea/tick products, special foods, medical care for unexpected illnesses or accidents, etc.

☐ Yes

☐ No

13. What veterinary clinic does/will your pet attend?

Please read and initial each of the following items below:

_____ I agree to take the animal for a veterinary examination and vaccinations within one week after adoption.

_____ I consent to the inspection of my premises by the Department of Agriculture to ensure suitability for housing of a pet. I understand that approval of the adoption application is dependent on completion satisfactory inspection.

_____ I agree to take full responsibility in regards to the care and physical and mental well-being of this animal, including any medical care, external and internal parasite treatment, grooming and bathing and any other costs associated with this animal.

_____ I agree to continuously provide my animal (s) with adequate food, ready access to fresh water and shelter from the elements.

_____ I agree that I have received permission from my landlord (if renting) to keep an animal, and I have provided the Department of Agriculture with written evidence of same.

_____ I agree that the animal adopted is to be a companion animal only and not to be used for fighting, breeding, sold for profit, or food consumption.

_____ I agree to keep my animal in accordance with the Animals Act and not allow it to stray or roam.

_____ I understand that the animal must be spayed or neutered within the stipulated period, unless a veterinary medical exemption is provided.

_____ I understand that my animal will be implanted with a microchip which provides permanent identification should my pet be lost or stolen.

_____ I understand that I am adopting the animal 'as is' and the Department of Agriculture is not liable for any unknown health conditions or temperament issues.

_____ I understand that I can seek advice from trainers, books, veterinarians and internet resources should I have difficulty with a training or behaviour issue.



_____ I understand that animals not cared for in accordance to the Five Freedoms and the Animals Act may be seized without compensation. If the gravity of the offence is severe, I may be liable to prosecution.

Signature: _____

Date: ____ / ____ / ____
DD MM YYYY

Animal Adopted:

Species: _____

Breed: _____

Sex/Status _____

Age: _____

Color/Markings: _____

Microchip Number: _____

Dog License Number: _____

Date of Collection from DOA: _____



For Official Use

Premises Suitability Visit

Time: ____:____

Date: ____ / ____ / ____

DD MM YYYY

Address: _____

Checklist:

- | | | |
|---|-----|----|
| 1. Is the yard fenced? | Yes | No |
| 2. Is there suitable containment for the animal? | Yes | No |
| 3. Is the area suitable and hygienic (environment)? | Yes | No |
| 4. Is there shelter from the elements? | Yes | No |
| 5. Are there food and water dishes? | Yes | No |

Comments:

Officer: _____ Signature: _____

Post-Placement Visit

Time: ____:____

Date: ____ / ____ / ____

DD MM YYYY

Comments

Officer: _____ Signature: _____