

The Animal Interest League and Sanctuary  
 720 W 4<sup>th</sup>. St.  
 Delta, CO 81416  
 970-874-1078  
 website: [tailsonline.org](http://tailsonline.org)  
 email: [tailsadoptions@gmail.com](mailto:tailsadoptions@gmail.com)



## Adoption Agreement & Contract

TAILS does not place pets on a "first come, first serve" basis. TAILS asks these questions to determine the pet most compatible with your lifestyle and to determine the most appropriate owner for each pet, ensuring a forever relationship. TAILS reserves the right to perform a home inspection prior to adoption and to approve or deny any adoption for any reason.

**To apply, you must:**

- ◆ Be 21 years of age or older.
- ◆ Have approval of your landlord if you rent.
- ◆ Have identification showing your present address
- ◆ Identify veterinarian.

ID & Name:	Predominate Breed:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight:
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### Owner Information

Name:	Driver's License Number:	Date of Birth:	Phone:
Physical Address:			
Mailing Address (if Different)			
Email Address: (required)			
How did you find this pet?			
Would you like info on being a TAILS volunteer or Foster Home?			<input type="checkbox"/> Yes or <input type="checkbox"/> No

### Pet Experience/History

Do you currently have a pet?	If yes, list breed, gender, age	Get along well with other pets?
Where will your new pet live (outside, inside, fenced area, garage)?		
What pets have you owned in the last 5 years? List breed, gender, how long you had it, and what happened to it.		
Have you ever had a pet euthanized?	If yes, explain	
Have you ever returned, to a shelter/organization, a pet that you adopted? If yes, explain		
In case of injury, illness or death, what provisions will you make to care for your animals?		
Who is your veterinarian (name)?	City	Phone:
<b>Why do you want a pet?</b> <input type="checkbox"/> Companion to you <input type="checkbox"/> Companion to family <input type="checkbox"/> Companion to dog <input type="checkbox"/> Guardian/Protection <input type="checkbox"/> Barking Watchdog <input type="checkbox"/> Train as therapy dog		

## Adoption Contract

1. I agree to furnish the animal with acceptable veterinarian care.	<i>Initial</i>
2. I agree to return the pet to TAILS if, at any time, I am unable or unwilling to care for it. The adoption fee will not be refunded after 14 days from adoption date.	<i>Initial</i>
3. I agree to care for the pet humanely, including but not limited to providing daily fresh water, appropriate food, good shelter and exercise.	<i>Initial</i>
4. TAILS adoptable pets have been quarantined and determined to be healthy while in our care. Once the pet leaves this facility, any veterinary care is my responsibility. I agree that I am assuming total financial responsibility (veterinary or other) as of the date of this contract..	<i>Initial</i>
5. I have received a copy of the Rabies Brochure.	<i>Initial</i>
6. I have received a copy of my pet's medical records.	<i>Initial</i>
7. I declare that all the information presented here is true and correct; and that I have not knowingly omitted pertinent information.	<i>Initial</i>
8. I understand that there may be history with the pet that is unknown to TAILS and that TAILS will not be held liable for any damage or costs (veterinary or other) incurred by the pet.	<i>Initial</i>
9. I will not sell the pet or give it to an unsuitable home.	<i>Initial</i>

\_\_\_\_\_  
Signature - Adopter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - TAILS Representative

\_\_\_\_\_  
Date

## JUVENILE SPAY AND NEUTER AGREEMENT

If adopting a puppy or kitten: I agree to spay or neuter the animal that I've just adopted within 90 days and have paid a \$50.00 juvenile spay/neuter fee (refundable after I have had the animal altered and proof has been given to TAILS.) I understand that this procedure is **not** covered in my adoption fee.

\_\_\_\_\_  
Signature- Adopter

\_\_\_\_\_  
Date

### **Staff Use**

Adoption Fee: \_\_\_\_\_ ☐Cash ☐Check ☐Credit Card

Payment Arrangement: \_\_\_\_\_  
1st payment date

\_\_\_\_\_  
2nd payment date