



• 230-232 West Aviation Road • Fallbrook, CA 92028 • (760) 685-3533

Animal Adoption Agreement

Owner(s) Name:	Date:
Address:	Dog/Cat:
	Pet's Name:
Phone:	Male/Female:
Email:	Breed:
Adoption Fee: \$	Microchip #:

**By checking below, I acknowledge and agree to be bound by and to comply with the following conditions:**

- I am 18 years of age or older and am adopting the above listed animal as my own pet.
- I will not abandon my pet, use it for animal fighting purposes, use it for experimental purposes, or as a food animal. **FAS has first right to the pet in the event that you are no longer able to care for him/her.**
- I understand that FAS has limited information regarding my new pet and does not make any warranty as to its age, health, breed, habits, temperament, and disposition.
- I accept my pet as is and assume all risks of ownership of the pet. I hereby fully and completely release FAS and its agents, volunteers, and employees from any claim, cause of action, or liability, whether known or unknown, arising out of the damage the animal may inflict upon any person or property, for any illness of my pet, or for any transmittal of any illness or parasite to any other animals or person.
- I further understand that FAS is under no obligation to reimburse me for any medical treatment, expense, or fees incurred in connection with my pet.
- I agree to provide proper and sufficient food, water, shelter, medical attention, vaccinations, and humane treatment to my pet at all times. I also agree to comply with all state and local laws, regulations and ordinances applicable to my pet.
- I agree to not let my pet run at large or to become a public nuisance.
- I agree to keep a collar and ID tag on my dog at all times and I agree to maintain current contact information for my pet's microchip and ID tags.

**By signing below the adopter acknowledges receipt of the animal from FAS.**

\_\_\_\_\_  
Adopter's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FAS Representative

\_\_\_\_\_  
Date



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1. Why would you like to adopt from FAS?  
\_\_\_\_\_

2. Do you live in a House Townhouse Condo Mobile Home Apartment  
If apartment, please give name of complex:  
\_\_\_\_\_

Copy of Policy

3. Do you Own Rent

4. Who will be primarily responsible for the care and supervision of the animal?  
\_\_\_\_\_

5. Will this animal be in the presence of children frequently? **Yes / No**  
If yes, what ages?  
\_\_\_\_\_

6. Do any household members have known allergies to dogs/cats? **Yes / No**

7. What will happen if you move?  
\_\_\_\_\_

8. Are you prepared to accept the cost of a pet in your home? **Yes / No**

9. Do you have a veterinarian for your pet(s)? **Yes / No**  
If yes, name of clinic:  
\_\_\_\_\_

10. Approximate date of last visit with your current pet(s):  
\_\_\_\_\_

11. As an adult, have you owned a pet? **Yes / No**  
If yes, what kind?  
\_\_\_\_\_

12. How many hours each day will your household be without people? \_\_\_\_\_

13. Do you want to house your animal indoors or outdoors? \_\_\_\_\_

14. How do you plan to cope with behavior issues?  
\_\_\_\_\_

15. Have you ever declawed a cat? **Yes / No** or docked tails/ears? **Yes / No**

16. What will happen to your pet(s) in the event that something happens to you?  
\_\_\_\_\_

**I CERTIFY THAT THIS INFORMATION IS TRUE AND I AM OVER THE AGE OF 18 AND UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION. I AM AWARE THAT I AM ADOPTING A RESCUED ANIMAL AND THAT ALL KNOWN BEHAVIORS, GOOD OR BAD THAT FAS IS AWARE OF, WILL BE DISCLOSED TO YOU BEFORE THE ADOPTION.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

FAS Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

ALL DOG ADOPTIONS REQUIRE A HOME VISIT:

Date of Home Visit \_\_\_\_\_ FAS Representative \_\_\_\_\_



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Thank you for adopting your new pet from the Fallbrook Animal Sanctuary. Adopting from an established organization such as ours comes with many benefits. Our pets are already spayed or neutered, are up to date on vaccinations, are microchipped, and come with a free well check from our veterinary technician.

**DOG/PUPPY**

This dog has been exposed to OR has gone through an episode of Canine Infectious Respiratory Disease Complex (more commonly referred to as CIRDC or Kennel Cough). This is a set of symptoms, such as fever, malaise, coughing, sneezing, eye or nose discharge, that can be caused by several different viruses and/or bacteria. Please be aware that some dogs may have later occurrences of these infections.

Kennel Cough or CIRDC is a common problem in dogs, especially those that are housed in kennel situations. It is normally very successfully treated with a combination of antibiotics and supportive care. It is important to treat the dogs for an extended period of time, usually 10-14 days minimum. Although CIRDC/Kennel Cough carries a good prognosis, occasionally a dog will have persistent, severe, or prolonged problems.

As the new owner, you will be responsible for any future aftercare that may be needed. We advise you to talk to your regular veterinarian about this problem before you make the decision to adopt this (or any) dog. Kennel Cough is very contagious to other dogs. We suggest that you limit or prevent contact with other dogs for a minimum of 14 days after taking your new pet home. If your new pet happens to become sick, please consult with your regular veterinarian for further advice. If you have another dog and it becomes infected, you will be responsible for any veterinary care needed.

**CAT/KITTEN**

This cat has gone through an episode of (or has been exposed to) Upper Respiratory Viral Infection (URI). This is the equivalent of a "cat cold". This illness may have been caused by any of the following, or a combination: Chlamydomphila felis, Calicivirus, Herpesvirus, Bordatella bacteria, or Mycoplasma felis fungus. Although this cat has recovered, please be aware that some cats may have recurrences of these infections. Often these recurrences will be triggered by stress, such as the event of moving into a new home.

Most recurrent episodes are mild, characterized by sneezing and clear drainage from the eyes, while the cat typically continues to eat and feel good otherwise. These episodes may last from 1 day to 10 days. Most cats will recover without treatment. (Kittens may be more likely to require veterinary care). Veterinary care would become necessary if the cat's appetite is affected, or if the nasal/ocular discharge becomes greenish instead of clear.

For most cats, after they have become adjusted to a more stable environment, the recurring episodes will diminish and even disappear over time (weeks to months). However, a few cats may continue to have recurrent episodes through their lifetime. We cannot predict whether or not this kitty will have any further problems. As the new owner, you will be responsible for the future care for this or any problems that may develop. You will want to talk to your regular veterinarian about this problem before you make the decision to adopt.

**Adopter's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**FAS Representative** \_\_\_\_\_

**Date** \_\_\_\_\_



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## PRE-ADOPTION QUESTIONNAIRE

<b>DATE:</b>
<b>DOG / CAT</b>
<b>PET'S NAME:</b>
<b>MALE / FEMALE:</b>
<b>BREED:</b>
<b>MICROCHIP #:</b>
<b>ADOPTION FEE: \$</b>

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SPOUSE/PARTNER NAME: \_\_\_\_\_

SPOUSE PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

SPOUSE/PARTNER EMPLOYER: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US (FAS)? \_\_\_\_\_

\_\_\_\_\_