

ADOPTION AGREEMENT

1525 S Dogtree Lane | Prescott, AZ 86303
928.273.2228 | www.DogtreePines.com | dogtreepines@gmail.com



Dog Information:

Name _____ Gender _____
Breed(s) _____ Color _____ Age _____

Adopter Information:

Name _____
Address _____
Home phone _____ Email _____

Adopter Agreement: DOGTREE PINES may not know the dog's past background. We recommend a two-week quarantine period whenever a new pet is adopted into a home and that all current animals in the adopter's home are up to date on their vaccines. AS THE ADOPTING PARTY, I AGREE WITH THE FOLLOWING:

1. I acknowledge that DOGTREE PINES cannot guarantee the health or temperament of the dog. I hereby release DOGTREE PINES from any claim, cause of action, or liability for any injury or damage to persons or property. If a health problem is discovered within the first two weeks of ownership, I will notify DOGTREE PINES to discuss the matter.
2. It is my commitment to provide a safe and caring environment. I agree not to have my dog chained or living outside.
3. I agree to keep an ID attached to a properly-fitted collar which will remain on the dog at all times and to obtain all licenses required by local authorities.
4. I agree to keep my dog up to date with his/her vaccinations and provide adequate veterinary care.
5. I agree to allow DOGTREE PINES to make follow-up visits and if, in the judgment of DOGTREE PINES, I do not comply with the above provisions, DOGTREE PINES the right to take possession of the dog.
6. I agree to have a plan in place in for care of this dog in case I become unable to care for it.

Return Policy: I understand that if I cannot keep the dog I am adopting, I agree to return it to DOGTREE PINES. I will give DOGTREE PINES adequate notice to allow them to find a safe place for my dog. I will not give the dog to friends, relatives or a shelter/rescue group without prior written consent from DOGTREE PINES. I understand that if I return this dog, my adoption fee will not be refunded.

Acknowledgement and Agreement: *I understand and agree to the above terms.*

Adopters' Signature(s) _____ Date _____
Adopters' Signature(s) _____ Date _____
DOGTREE PINES Signature _____
Date _____

Adoption Payment: Make check payable to: DOGTREE PINES SENIOR DOG SANCTUARY

Driver's License # _____ State Issued: _____
Adoption Fee: _____ Additional Donation: _____

Vaccination and Medical Information: (For DOGTREE PINES use only)

Spay/Neuter Date: _____ By _____

4-in-1 (Distemper, Adenovirus 2, Para influenza, and Parvovirus)

Date: _____ By _____

Rabies Date: _____ By _____

Bordetella (Kennel Cough) Date: _____ By _____

Known medical conditions: _____