



520-276-4273

ArfAnageRescue@gmail.com

Dog Name: _____ DOB/Age: _____

Breed: _____ Colors: _____

Sex: Male Female Altered: Yes Not yet

I, _____ (Adopter), hereby swear and attest that the following information is true and will be followed to the best of my abilities concerning the adoption for the pet listed above (hereafter referred to as "the pet"):

1. I am adopting the pet solely as a domestic pet for myself and/or my family. I will not use the pet for any illegal activity including fighting. I will be responsible for training and socializing the pet so that it does not harm myself or others.
2. I will not physically abuse, neglect, starve, or harm the pet in any way. I will make sure that the pet has adequate shelter and enough food and water to maintain a healthy weight.
3. If the pet is not currently altered I will have them fixed by the rescue at 4-5 months of age.
4. I will return on arranged dates for vaccinations and spay/neuter. It will be my responsibility to keep these appointments and documents.
5. Any and ALL vet care MUST be pre approved. Please contact one of the contacts from your Puppy Check-List.
6. *****PLEASE USE THE NAME THE RESCUE HAD FOR THE PUP FOR ALL VET CARE*****
7. I will keep my pet up-to-date on all vaccinations yearly or as needed.
8. I will ensure that the pet gets the necessary requirement of daily exercise.
9. If the adoption does not work out, I agree to return the pet back to the rescue. The rescue will have 30 days to reacquire the pet.
10. I will pay the fee of \$_____ which includes the cost of initial immunization, deworming, pest prevention, microchip and neutering/spaying.
11. **I will allow a rescue volunteer to complete a home check to ensure a safe environment. Initial here:_____**
12. I understand that no guarantee is made regarding the health or temperament of this pet.
13. I understand that the Rescue is not liable for any action taken by the pet.
14. I fully understand that I am not permitted to alter (dock) my pet in any way, specifically ears or tail, with the exception of spay/neuter, unless deemed medically necessary.

I, _____ (Rescue), attest to the following information as being factual and true:

1. I have provided the pet with the following vaccinations: _____
2. I have been upfront with the Adopter about any known health issues the pet has.
3. I have made no misrepresentations regarding temperament, age, or medical status of the pet.
4. I as the rescue will acquire the cost of spay/neuter of unaltered animals on this contract, along with rabies vaccine and microchip at the appropriate age of 4 to 5 months.



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- 5. If for any reason the Adopter should choose to return the adopted pet, a refund will be given of 80% if returned within 72 hours. After 72 hours a refund will not be issued, but we will take the pet back as soon as foster can be obtained.

PLEASE PRINT ALL INFORMATION LEGIBLY

Adopter Name : _____

Address: _____ city _____ zipcode _____

Email address: _____

Contact Phone # _____

Adopter's Signature: _____ **Date:** _____

Office Use Only

Home Check Yes No Signature: _____ Date: _____

Adoption Fee Amount: _____

Paid In Full Accepted by: _____ Date: _____ Cash Card NO CHECKS

Deposit Amount Given: _____ Accepted by: _____ Date: _____

Vaccines:

Label:

5 n 1 – 1st set: Date: _____

5 n 1 – 2nd set: Date: _____

5 n 1 – 3rd set: Date: _____

Bordetella: Date: _____

Deworming: Date: _____

Rabies Date: _____ Vet: _____ expires: _____

Rabies Date: _____ Vet: _____ expires: _____

Spay/Neuter/Microchip:

Spay Neuter Date: _____ Location _____

Microchip Date: _____ # _____