



520-276-4273 • [arfanagerescue@gmail.com](mailto:arfanagerescue@gmail.com)

Dog Name: \_\_\_\_\_ Colors: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female Breed: \_\_\_\_\_

1. I, \_\_\_\_\_ (Adopter), hereby swear and attest that the following information is true and that the following listed items will be followed to the best of my abilities regarding the adoption of the pet listed above. (Hereafter referred to as "the pet").
2. I am the legal owner of my residence or have obtained the required permission from my landlord to have this pet on the property. **Initial here:** \_\_\_\_\_
3. I can and will provide a safe and secure environment for this pet. **Initial here:** \_\_\_\_\_
4. 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 dog fighting.
5. I will be responsible for the training and socializing of the pet.
6. I will not physically abuse, neglect, starve, or harm the pet in anyway. I will make sure that the pet has adequate food, water, and shelter and will maintain a healthy weight.
7. I understand that the pet is NOT to be an "outside only pet" and no crating for more than 6 hours at a time without a potty break and outside play time.
8. **I understand that the pet must be altered and vaccinated on the date(s) set by Arf-Anage Dog Rescue. Failure to comply will void this contract and the pet must be surrendered to the rescue with no refund. An additional \$50 charge will be incurred for any missed appointments.** I will continue to keep the pet up to date on all vaccinations yearly and/or as needed.
9. It is my responsibility to license my new pet in the county in which I reside.
10. If for any reason I choose to return the adopted pet, I understand that a refund of 80% of the original adoption fee will be issued when the pet is returned within the first 5 days. After 5 days, a refund will not be issued, and the pet **MUST** be returned to the Arf-Anage Dog Rescue ONLY. The rescue will then have 30 days to reacquire the pet.
11. If the pet is returned to Arf-Anage Dog Rescue after 6 months. I will agree to pay a surrender fee of \$50.00
12. I understand that in the event an Arf-Anage Dog Rescue Representative feels that the home environment is not safe for the pet, the adoption will become void and Arf-Anage Dog Rescue will take ownership of the pet with no refund.

13. I will allow an Arf-Anage Dog Rescue Representative to complete an in-home visit of my residence to ensure a safe environment. **Initial here:** \_\_\_\_\_
14. I understand that the Arf-Anage Dog Rescue is not liable for any action taken by the pet.

### **MEDICAL AGREEMENT**

15. I understand that NO guarantee is made regarding the health or temperament of this pet. However, the Arf-Anage Dog Rescue does offer a free fecal exam if needed.
16. From the date of adoption forward, the pet's health is the full and sole responsibility of the adopter. Adopter will arrange for immediate veterinary care in the event of serious illness or injury. The Arf-Anage Dog Rescue cannot guarantee the health of any animal and shall not be held responsible for any medical expenses which may be incurred, hereby excluding any implied or expressed warranties of merchantability or fitness for any purpose, including, but not limited to, any warranties regarding health, temperament or whether the animal has been housebroken.
17. Should the pet become ill within the first 14 days, Adopter agrees to allow Arf-Anage Dog Rescue to treat the pet and/or acquire any additional medical treatment if needed. Arf-Anage Dog Rescue will only treat if the pet is returned to their care. When the pet has been treated and recovered, the pet will be returned to the Adopter. For treatment purposes only, Arf-Anage Dog Rescue will remain the co- owner of the pet for 15 days for any medical treatment to be obtained.
18. Arf-Anage Dog Rescue will not pay for any medical procedures or veterinary care that is not authorized by us in advance, or one of our participating approved veterinary clinics.
19. If for any reason Adopter chooses to humanely euthanize the adopted pet, Arf-Anage Dog Rescue will not reimburse the adoption fee, nor pay for ANY of the expenses.
20. I fully understand that I am not permitted to alter (dock) my pet in any way, specifically ears or tail unless deemed medically necessary.
21. I am aware that my puppy/kitten may not yet fully vaccinated. I will ensure my pet completes their series of vaccinations and rabies (if needed) within 30 days. I understand the rescue will not cover vaccinations at my personal vet. Only rabies can be completed at the locations below, please call for appointment. All other vaccinations will be completed by Arf-Anage,

**North Phoenix Animal Clinic**  
(Will do rabies only appointments)  
1610 E Bell Road, # 108, Phoenix, AZ 85022  
602.787.4240

**Homeward Bound**  
(Will do rabies only appointments)  
1020 E Pecos Rd Suite 1, Chandler, AZ 85225  
480.821.7380

**I understand vaccines and rabies must be completed within 30 days of adoption. I will send proof of vaccinations, along with microchip number, to arfanangerescue@gmail.com. Failure to do so will result in my pet being repossessed by Arf-Anage Dog Rescue and I will not receive a refund. Initial here:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_

**ADOPTER INFORMATION**  
**PLEASE PRINT ALL INFORMATION LEGIBLY**

Adopter Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Adopter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RESCUE REPRESENTATIVE COMPLETES THIS SECTION**

I, \_\_\_\_\_ (rescue), attest to the following information as being factual and true:

I have been up front with the adopter about any known health and/or temperament issues the pet may have. I have made no misrepresentations regarding temperament, age, or medical status of the pet as sometimes pets behave differently in new environments.

Adoption Fee Amount: \_\_\_\_\_ Paid in Full/ Deposit Amount: \_\_\_\_\_ Remainder Due: \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_ Cash / Card / Venmo / Zelle

Home Check:    Yes    No    By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

Trial Start Date: \_\_\_\_\_ Trial End Date: \_\_\_\_\_

Trial Reason: \_\_\_\_\_

Arf-Anage Dog Rescue Representatives' Signature: \_\_\_\_\_



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Foster: \_\_\_\_\_ Phone: \_\_\_\_\_

Important phone numbers to call in case of illness, injury, to complete vaccinations, or for general questions:

**Located in Maricopa:**

Cathy Roe - (602) 672-1309  
Tina Morrison - (520) 265-7882  
Madison Morrison - (520) 423-7828

**Located in Surprise:**

Donna Harrold - (908) 410-8527

**Located in Peoria:**

Corina de la Rosa - (623) 262-4778

**Located in North Phoenix**

Keon Byers - (602) 320-4235

**Located in Scottsdale:**

Andrea Andrews - (480) 773-5375  
Wendy Gage - (602) 668-1223  
Courtney Brooks – (480) 677-9698

**Located in Mesa:**

Vanessa Carlson – (480) 688-4575

**Located in Avondale:**

Nikki Ty – (623) 277-0343

Please register your microchip at [www.my24pet.com](http://www.my24pet.com). Your pet's microchip ID is:

Your pet is currently eating: \_\_\_\_\_

Once/Day      Twice/Day      Free Feed

Your pet is currently on the following medication: \_\_\_\_\_

We recommend purchase of the items listed below. Many of these items can be purchased on Offer Up, Marketplace, or Chewy.

Crate  
Potty pads  
Collar/leash/harness  
ID tags  
Chew toys and other dog toys (NO RAWHIDE)

Pet bed  
Food/water dishes  
Treats  
Grooming supplies – shampoo, nail clippers, brush/comb  
Flea/tick treatment