



520-276-4273 • 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. 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