



PET ADOPTION AGREEMENT

Adoptee's Rescue Information:

NAME: Paw Patrol Rescue and Sanctuary (hereinafter "Paw Patrol")

AUTHORIZED AGENTS: Cristy Torres/Annie Lopez-Garay

EMAIL: pawpatrolanimalrescue@gmail.com

FAX NUMBER: 305-675-2333

Adopter's Information:

NAME: _____

DATE OF APPLICATION: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

BEST TIME TO REACH YOU: _____

REFERENCE SECTION MUST BE FILLED OUT COMPLETELY:

Veterinary Reference: _____ Phone Number: _____

Personal References: _____ Phone Number: _____

_____ Phone Number: _____

Driver's License number: _____

Please attach copy of valid driver's license

7/22/17

HOUSEHOLD

Please list the names, ages and relation of all adults in the household (including yourself):

_____	_____	_____	_____
_____	_____	_____	_____

Please list the names, ages and relation of all children in the household:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does anyone in the household have allergies, if so, please explain: _____

DWELLING INFORMATION

What type of home do you live in? (Apt/Condo, Townhouse, Single Family...) _____

Do you own or rent? _____ ***IF YOU RENT, WE WILL NEED WRITTEN CONFIRMATION FROM THE LANDLORD, STATING THAT PETS ARE ALLOWED AND WHAT THE WEIGHT LIMITATIONS ARE.**

How long have you resided at this address? _____

Do you have a fenced in yard? If so, please describe it: _____

If not, how will you exercise the pet? _____

Have you ever owned a pet before? If so, what species and breed? How long ago? For how long?
What happened to the pet? _____

DWELLING INFORMATION (CON'T)

What kind of experience have you had/have with pets? (training, vet tech, groomer, agility, happypet owner, etc.) _____

What pets do you currently own (name/species, breed, age)? How long have you owned them?

Are they spayed/neutered?

Name/Species	Breed	Age	Spayed/Neutered	Time owned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How many hours per day will the dog be left alone? _____

Where will the pet stay during the day? During the night? _____

Who will be the primary caretaker of the pet? _____

Are you willing to have someone from Paw Patrol conduct a home visit? _____

*** Please attach detailed pictures of the home where the animal will be living. Please make sure to include the following: communal living areas, bedrooms, bathrooms, kitchen & laundry areas as well as front, side and back yard areas, as applicable.**

Information About Adopted Animal:

***FOR OFFICE USE ONLY**

*NAME/PET: _____

*SEX: _____

*D/O/B or AGE, AS OF: _____ *BREED/COLOR: _____

*MICROCHIP#/COMPANY: _____

*VETTED DATE: _____ *STERILIZATION DATE: _____

*PREVENTION START DATE: _____

Adopter's Agreement:

PLEASE READ AN INITIAL EACH STATEMENT

1. I am 25 years of age or older and have read, understood and agree to the terms below. _____
2. I agree to adopt the pet described above. _____
3. I have inspected the pet and agree to accept the pet in its current condition, health and behavior. _____
4. I agree that the animal is being adopted for myself and will not be sold, adopted out or given to another party.

5. I agree that the animal will not be allowed outdoors without supervision. The animal will at all times wear a collar with an identification tag attached. The animal, will not be allowed off my property or allowed in any unsecured areas without a collar, ID or leash. _____
6. I agree that this animal is to be a companion animal, not a guarding property or breeding. The animal will live inside my home and will become a member of our family and as such will be cared for with comforts of my home.

7. I agree to care for the animal in a humane manner. This includes supplying adequate food, water, shelter, attention and appropriate veterinary care—including care for illness or injury, future vaccines, flea/tick prevention and heart worm prevention (see "prevention start date" above). _____
8. I agree that if I feel the animal is unsuitable for any reason I will contact an authorized agent of Paw Patrol and arrange a mutually convenient time to return the animal and all relevant paperwork WITHOUT requesting a fee.

9. I understand and agree that Paw Patrol makes no guarantees about the animal's temperament and is not responsible for future damages or injuries caused by the animal. _____
10. I understand that Paw Patrol may inspect the property on which the pet is to be housed to ensure the pet's safety and security. I further understand that as a result of the aforementioned inspection I may be requested to return the pet to Paw Patrol. I agree to return the pet, if requested to do so by Paw Patrol, at a mutually convenient time and place. _____
11. I agree to keep Paw Patrol informed of my current home address and phone number. _____
12. I agree to keep Paw Patrol as a secondary contact in case of the pet being lost and found by use of their MicroChip.

Once the adoption has been approved, Adopter agrees to pay the NON-REFUNDABLE Adoption Fee of \$350.00 (\$500.00 for bonded pairs) prior to taking possession of the animal. In the case of adopting a pet that is still too young to be spayed/neutered, a \$100.00 REFUNDABLE deposit is required and will be returned to the Adopter upon Paw Patrol receiving proof of sterilization.

Adopter acknowledges that the Adoption Fee covers a number of services necessary to provide the healthiest pet possible: physical exams, worm testing, vaccines, microchip, prevention and spay/neuter.

Adoption Fee can be paid in cash or through: [Paypal.me/pparas](https://www.paypal.com/pparas)

PLEASE NOTE: AT THE POINT OF ADOPTION, THE PET HAS RECEIVED VACCINES AND PREVENTION APPROPRIATE FOR ITS AGE. RESPONSIBILITY OF FURTHER VACCINES AND HEART WORM/FLEA-TICK PREVENTION IS THAT OF THE ADOPTER. If the dog receives rabies vaccines while under Paw Patrol, we will provide you with a valid rabies certificate. Rabies tags must then be purchased by the adopter through county websites or at your local vet. The rescue DOES NOT PROVIDE RABIES TAGS.

***FOR OFFICE USE**

I agree to have this animal spayed/neutered by no later than *_____. I understand that this is an agreement that this animal will not produce a litter either as purposely bred or by accidental breeding. I also agree that should the animal not be altered that I will return the animal back to Paw Patrol with no refund.

Proof of spay/neuter via medical paperwork must be received by Paw Patrol within fourteen (14) days after the surgery *_____. In the event that the animal's health does not allow this agreement to be honored, Paw Patrol must be provided with a statement from your veterinarian that this animal is not yet in physical or emotional condition for surgery. I agree to contact the veterinarian and establish the earliest date that the procedure can be performed based upon the veterinarian's evaluation of this animal.

I indemnify Paw Patrol, from any liability, costs, or expenses which arise as a result of my actions or omissions (including negligence) or the pet's condition, health or behavior and acknowledge that Paw Patrol is not liable or responsible for the pet after the date of adoption.

I agree that all information provided to Paw Patrol in this application, including information and documentation as to the property in which the animal is to be housed and my ability to maintain the animal in proper health, is true and not misleading. I acknowledge that if any statement or information in this form is found to be untrue or misleading, the adopted animal may be confiscated by Paw Patrol at the sole discretion of Paw Patrol.

Adopter's Signature: _____ Printed Name: _____

Date: _____

Rescue's Signature: _____ Printed Name: _____

Adoption Date: _____