

ADOPTION CONTRACT

ANIMAL RESCUE KLEBERG

225 East Henrietta
Kingsville, TX 78363

Adoption # _____ Date Entered _____

Animal Name _____

Fostered by: _____

Address: _____

Phone: (h) _____ (w) _____

Please print:

Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (h) _____ (w) _____ E-Mail address _____

Adopting dog or cat? Breed/description _____ Sex: M / F

Age: _____ Do you have a pet now? _____

Have you had one before? _____ Dog(s) /Cat(s)

Will your pet spend most of its time indoors or outdoors? _____ Do you live in a house or apartment?

What will you do for extended times away from your home? _____

If housebreaking fails or if other circumstances should occur, do you have a fenced yard? _____

Do you have a doghouse or another type of shelter? _____

Do you have a secure fence from which a dog cannot escape? _____ Date of fence check _____

What heartworm and what flea/tick prevention will you use? _____ & _____

Approval for vet reference: Dr. _____ Signature of client _____
Vet Phone # _____ (medical history for current or past pets)

Under the State Sterilization Act, all animals adopted from a shelter must be spayed/neutered. It is a class C misdemeanor if sterilization is not performed.

I agree to have _____ (dog/cat) spay/neutered by _____ (date) (Within 30 days if the animal is over 6 months of age or by the date that the animal will be 6 months of age.)

If I am unable to keep my pet, I will notify ARK and give ARK first right of first refusal.

If my pet becomes lost, I agree to notify ARK within the first 48 hours.

I agree to maintain the complete medical requirements necessary for the region, including but not limited to: vaccinations (Distemper, Parvo, Corona, Bordetella, Rabies), heartworm preventative and flea/tick protection.

____ Your dog/cat has been examined by a veterinarian. Medical records will be provided to you.

____ Your dog/cat has NOT been examined by a veterinarian. We do recommend that your pet be examined within 72 hours if possible.

Unfortunately, animals that appear healthy can be incubating an infectious disease that may not be noticed by the adopter until days after the animal has been brought into their home. Therefore, a veterinary exam of the animal should be scheduled by the adopter as soon as possible.

This pet is available for adoption and is apparently healthy. Although the animal appears well, an appointment for consultation with a local veterinarian should be made as soon as possible.

I have received information about common diseases in animals from shelters, and realize that my animal may have undiagnosed medical problems or may be incubating an infectious condition. I accept responsibility for the continued veterinary care of the animal. I understand that Kingsville Animal Rescue Kleberg Co. (ARK) will not be able to provide further assistance with diagnosis and management of this animal, but will take the animal back with no questions asked within 2 weeks of adoption date

Adopter's signature: _____

Witnessed by: _____

Date: _____

Each party agrees to hold every other party to this agreement and its officials, volunteers, and employees harmless from any and all liability including, but not limited to, any property (animal or otherwise), physical or non physical damages or loss.

_____ donation amount

_____ check number

_____ Signature

_____ date

_____ ARK Representative

Completed sterilization on (date) _____ by (vet/clinic) _____

Vaccinations:

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Rabies: _____

Flea/Tick Prevention:

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Deworming:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Heartworm Prevention:

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Other treatments: _____