

UNITED ANIMAL FRIENDS ON A RESCUE MISSION

P.O. Box 11133 Prescott, AZ 86304 • 928.778.2924 • www.unitedanimalfriends.org

Courtesy Listing Agreement and Questionnaire – Dog

Dog Information (This information will be used to create the dog's biography)

Date _____ Dog's Name _____ Breed(s) _____

Color(s) _____ Age _____ Approximate Weight _____

Gender Male Female Spayed/Neutered Yes No Vaccines up-to-date? Yes No

Date of last Rabies vaccine _____ Date of last Distemper/Parvo combo vaccine _____

Dog's Personality – Please check all that apply and explain where indicated

- Shy Outgoing Easygoing Playful Quiet Mellow Affectionate Excitable
- Dominant – please explain _____
- Needy – please explain _____
- Fearful – please explain _____

Dog's Behaviors – Please check all that apply and explain (give examples of circumstances)

- Barky – please explain _____
- Chewer – please explain _____
- Jumps up – please explain _____
- Digger – please explain _____
- Escapes – please explain _____
- Nippy – please explain _____

Dog's Energy Level – Please check one: High Medium High

Is Dog Comfortable With? Please circle one in each category:

Babies	Yes	No	Unknown	Male Dogs	Yes	No	Unknown
Children	Yes	No	Unknown	Female Dogs	Y Yes	No	Unknown
Men	Yes	No	Unknown	Small Pets	Yes	No	Unknown
Women	Yes	No	Unknown	Livestock	Yes	No	Unknown
Cats	Yes	No	Unknown	Horses	Yes	No	Unknown

Dog's Training – Please check all that apply

Housetrained Doggy-Door-Trained Crate-trained Good on leash Rides well in car

Dog's Daily Routine

Where does your dog sleep? _____

Where does your dog spend his/her day (inside/outside)? _____

Do you crate your dog? Yes No If "yes", when and for how long? _____

How long have you had this dog? _____

How did you obtain this dog? _____

Brand of Dog Food Used _____

Amount of food _____ How often is your dog fed? _____

Reason for Rehoming (please be specific) _____

Please list any special needs or concerns _____

Release of Veterinary Records

My Veterinarian/Clinic is _____

Veterinarian/Clinic Phone number _____

I give permission for UAF to obtain veterinary records pertaining to my dog, (dog's name) _____

I agree to phone my veterinary clinic to authorize the release of my dog's veterinary records to UAF.

Guardian Signature _____ **Date** _____

Courtesy Listing Agreement

I understand that United Animal Friends (UAF) cannot take my dog into its foster system but will help me promote my pet to potential adopters.

Showing my dog at adoption events greatly increases the chance of adoption, therefore I agree to attend events, a minimum, of 2 times per month. While showing my dog at an adoption event, I will hold UAF and the adoption site property owners harmless for any situation that might arise.

I understand that my dog cannot attend events without the following documentation:

- **Proof of spay/neuter**
- **Proof of Rabies vaccine for dogs older than six months of age**

While attending adoption events, I agree that:

- **My dog is to be properly leashed (a 4-6' leash – No retractable leashes and no choke/prong collars) and under the control of an adult at all times.**
- **I will not interfere with UAF adoptions.**
- **If my dog cannot be handled safely or if I am asked to leave for any reason, I will promptly and respectfully leave the adoption event.**

I permit UAF to publish photos and descriptions of my pet on its website and other resources. UAF volunteers will verify adopter application information and collect a donation to UAF from the adopter. UAF will oversee as a private party adoption and will not be liable in any way for the success of the placement. **I understand that if the adoption fails, the dog will be returned to me.**

I understand that re-homing can take a long time, so I will pursue other options if I cannot keep the dog beyond a specific date. **I agree to notify UAF immediately if the dog becomes unavailable for adoption.**

It is UAF's policy to remove a dog from the Courtesy Listing Program if there has been no interest in your dog from the public for 3 months.

I understand that it is UAF's policy not to adopt pets to those who have courtesy listed a pet.

Acknowledgement and Agreement

I understand and agree to the above terms

Guardian Signature _____ Date _____

Guardian Name(s) _____

Address _____ City _____ Zip _____

Home Phone _____ Cell phone _____

E-mail _____

UAF Representative Signature _____ Date _____