

UNITED ANIMAL FRIENDS ON A RESCUE MISSION

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

Adoption Agreement – Dog Courtesy Listing

Dog Information (UAF to complete)

Name _____ CL ID # _____ Gender M F

Breed(s) _____ Color(s) _____ Age _____

Guardian Information

Name _____

Address _____

Home phone _____ Cell phone _____

Email address _____

Adopter Information

Name _____

Address _____

Home phone _____ Cell phone _____

Email address _____

Adopter Agreement

United Animal Friends (UAF) may not know the dog's past background. UAF recommends a two-week quarantine period whenever a new pet is adopted into a home and that all current pets in the adopter's home are up to date on their vaccines.

AS THE ADOPTING PARTY, I AGREE WITH THE FOLLOWING:

1. I acknowledge that United Animal Friends (UAF) cannot guarantee the health or temperament of the dog described above. I hereby release UAF from any claim, cause of action, or liability for any injury or damage to persons or property.
2. Although UAF has allowed the current Guardian of this dog to use its website and expertise through its Courtesy Listing Program, I understand that this is a private party adoption between me and the listed Guardian.
3. It is my commitment to provide a safe and caring environment. I agree not to have my dog chained or living outside.
4. I agree to keep an ID attached to a properly-fitted collar which will remain on the dog at all times and to obtain all licenses required by local authorities.
5. I agree to keep my dog up to date with his/her vaccinations and provide adequate veterinary care.

Return Policy

I understand that if I cannot keep this dog for its lifetime, I agree to return the dog to the Guardian listed above. In the event the Guardian cannot be located, I will contact UAF at 928-778-2924 for the dog to be re-homed through the Courtesy Listing Program. I understand that if I return this dog, my adoption fee will not be refunded. **Initial here:** _____

Acknowledgement and Agreement

I understand and agree to the above terms

Adopter Signature(s) _____ Date: _____

Adopter Signature(s) _____ Date: _____

Guardian Signature _____ Date: _____

UAF COPY

Adoption Payment

Please make checks payable to United Animal Friends.

Driver's License # _____ State Issued _____

Adoption Fee: _____ Spay/Neuter Deposit: _____ Additional Donation: _____

Vaccination and Medical Information (For UAF to complete)

Spay/Neuter Date: _____ By _____

4-in-1 Date: _____ By _____

(Distemper, Adenovirus 2, Para influenza, and Parvovirus)

Rabies Date: _____ By _____

Known medical conditions: _____

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