

United Animal Friends Courtesy Adoption Agreement
(Canine)

ANIMAL INFORMATION

Name: _____ Sex: M/F
Breed(s)/Color(s): _____ Age: _____
Altered? Y/N House/Crate Trained? Y/N/U Leash Trained? Y/N/U
Cat Friendly? Y/N/U Dog Friendly? Y/N/U Child Friendly? Y/N/U
Other: _____ (“U” means Unknown.)

ORIGINAL GUARDIAN INFORMATION

Name(s): _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ E-mail: _____

ADOPTERS' INFORMATION

Name(s): _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail: _____
Number of family members? Adults? _____ Children/Ages? _____

ADOPTERS' RESIDENCE INFORMATION

Residence: Rent /Lease /Own House /Duplex /Mobile /Condo /Apart /Other
If you rent or lease your home your landlord must be contacted for placement approval.
Landlord Name: _____ Phone #: _____
How long at this address? _____ Plan to move in near future? Y/N
Do you have a fenced yard? Y/N Height? _____ Size (W x L)? _____
Construction: Chain Link /No-climb /Wood /Block /Other _____

PET-RELATED INFORMATION

Why do you want this pet? _____
List other pets: _____ Altered? Y/N
Who is the pet for? _____ Who will be responsible? _____
Where will the pet stay during the day? _____
During the night? _____

Do you have a local veterinarian? Y/N
Name: _____ Phone # _____

CERTIFICATION OF ADOPTER INFORMATION

I believe the above answers to be true and complete. I understand that a qualified United Animal Friend's representative will conduct a home visit before my adopted pet can be left in my home and that the results of the home visit could nullify the adoption.

Adopters' Signature(s) _____

Date: _____

GUARDIAN'S RELINQUISHMENT

I agree to relinquish the above listed animal to the above adopter.

Guardian's Signature _____ Date: _____

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COVENANT OF ADOPTION

AS THE ADOPTING PARTY, I AGREE WITH THE FOLLOWING PROVISIONS

1. I acknowledge that I am adopting an animal who may need additional training or extra care to bring him/her to optimal health and wellbeing.
2. Although United Animal Friends (UAF) has allowed the current Guardian of this animal to use their website and expertise through their Courtesy Listing Program, I understand that this is a private party adoption between me and the listed Guardian of the animal.
3. It is my commitment to provide this animal with a good, loving, compassionate home that will meet his needs, including adequate food, water, shelter and kindness for the rest of his life. *Long term chaining or living outside does not meet the criteria of a good home.*
4. I agree to allow a home visit, prior to and/or following this adoption, to insure that the animal is well cared for and to assist me with any problems or questions I may have.
5. I understand the Adoption Fee is non-refundable.

RETURN POLICY

I understand that, if I cannot keep the animal I am adopting for its lifetime, I agree to return it to the current Guardian or contact UAF at 928-778-2924 to have the animal re-evaluated for the Courtesy Listing Program.

VACCINATIONS AND MEDICAL INFORMATION

Pet Name: _____

Spay/Neuter

Date: _____ By: _____

“4 in 1” (Distemper, Adenovirus Type 2, Para influenza, Parvovirus)

Date(s): _____ By: _____

Rabies

Date: _____ By: _____

Known medical conditions: _____

ADOPTION FEE/DONATION AND PAYMENT

Cash/Check Amount: \$ _____

Checks should be made payable to: UNITED ANIMAL FRIENDS

Donation over adoption fee*: \$ _____

*Tax-deductible Receipt provided upon request

Spay/Neuter Deposit if applicable \$ _____

ACCEPTANCE SIGNATURE

Adopter: _____ Date: _____

UAF COPY

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ACCEPTANCE SIGNATURE

Adopter: _____ Date: _____

ADOPTER COPY

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SPAY/NEUTER AGREEMENT

(If dog is less than 4 months of age)

Permanent ownership of this animal (name: _____) is contingent upon your compliance with this Addendum to the Adoption Agreement. Proof of the spay/neuter must be received by UNITED ANIMAL FRIENDS within fourteen (14) days after the surgery. If, for any reason, this agreement cannot be honored, UNITED ANIMAL FRIENDS must be provided with a statement from you and/or your veterinarian indicating when the spay/neuter is scheduled. The ADOPTER will notify UNITED ANIMAL FRIENDS of this amendment in writing, at which time all other conditions of this agreement will apply and be enforced.

I understand that the cost of the spay/neuter is included in the adoption fee if, and only if, the surgery is performed by a UAF-contracted veterinarian hospital. Otherwise, I fully understand that if I choose to have another veterinarian perform the surgery it will be at my own expense with UAF issuing a partial refund of the adoption fee upon verification of the spay/neuter.

It is the responsibility of the ADOPTER, not the veterinarian, to ensure that UNITED ANIMAL FRIENDS has received verification that the surgery has been performed. Failure to comply with this agreement by the date below, unless otherwise agreed to in writing, will be considered a breach of the Contract, and ADOPTER will transport this animal back to UNITED ANIMAL FRIENDS and will not be entitled to a refund.

By my signature below, I agree:

- To have this animal spayed/neutered by no later than _____, and I understand that this spay/neuter agreement is an agreement that this animal will not produce a litter of puppies either as purposely bred or by accidental breeding.
- To pay a \$25 Spay/Neuter Verification fee that will be refunded once UAF receives proof that the animal has been spayed/neutered.
- That should this animal not be altered that I will return said animal back to the current Guardian or UNITED ANIMAL FRIENDS with no refund.

ADOPTER's Signature: _____

Date: _____, 200__

ADOPTER's Name (please print): _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone number (home): (_____) _____

(work): (_____) _____