

A.R.T N PAWS ANIMAL RESCUE
501 C3 Animal Rescue EIN 46-1992120
Tel :909-223-3787 Fax.: 909-614-7077

Pet name _____ Microchip _____
Female / Male _____ Spay /Neuter _____
Age _____ Breed _____

Adopter info

Name _____
Address _____
Telephone Number _____
Email Address: _____

EMERGENCY Contact Information

Please provide contact information for the person responsible for your pet in the case of an emergency _____

1. I will provide adequate food and water, clean and dry shelter of adequate size and adequate yard for play EVERY day.	
2. I will provide all annual and semi-annual vaccinations, regular de-worming, medical check-ups, and emergency care by a Veterinarian.	
3. I will not endanger the dog(s) by exposing them to public dog park, dog beaches, and anywhere else in which unknown animals have entered until full vaccination series has been administered.	
4. I understand that I am assuming all financial responsibility for any illness that becomes apparent after the signing of this contract. I will receive instructions and medication, if necessary, for treating my new dog. As of the signing of this contract any illness, new or existing, becomes my full responsibility.	
5. If I am no longer able or willing to care for the dog(s) I will contact ART N PAWS Rescue first and give the option to obtain dog(s) without charge. The dog(s) may not be sold, given away, abandoned, or turned into animal control. I agree to give 2 weeks ART N PAWS Rescue to arrange for pickup or delivery of dog back to Rescue in this event.	
6. I understand ART N PAWS Rescue cannot guarantee the age, health, breed, and temperament of any dog. I further understand that this dog was rescued and the history of its past is unknown, this dog may have existing issues mentally and/or physically and I agree to meet and work through those issues patiently and lovingly.	
7. I will allow a representative from ART N PAWS Rescue to examine the pet and its living conditions if a report of abuse/neglect is received. If either is found unsatisfactory, I will need to correct the situation, or surrender the pet back ART N PAWS Rescue immediately.	
8. I understand that each breed has special care needs for health, grooming, feeding, etc, and will research the specifics on the best care for my new pet.	
9. I understand that each dog has special training needs and I will provide adequate	

training to insure they do not endanger themselves, other animals, or people.	
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PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW

As of the date of this agreement, the Adopting Person(s) assume(s) responsibility for the dog's actions and

Shall hold ART N PAWS Animal Rescue and its individual members FREE from all claims.

[Checks returned by the issuer's bank for any reason are subject to the maximum penalties allowed under the laws of California].

I understand that any donation or contribution is a gift given freely, not a
Purchase price of a dog. _____

I understand that the adoption donation fee is *NON-REFUNDABLE* and that ART N Paws Animal Rescue is a
501 C3 non profit origination , your donation is tax-deductible by law _____

ANPR asks for an adoption donation in the range of \$250-\$350 per dog
(Depending on the age and breed of the dog) _____

ART N PAWS Rescue does not guarantee the full size or breed of any dog adopted under the age of 1 year.

I agree to have this dog altered within _____ days or by _____ I understand that this contract will not be
valid until a sterility certificate is received. I also understand that if I do not have my adopted
dog altered by the date above, ART N PAWS Rescue has the right to regain possession of this dog Adopter
Signature: _____

AGREED TO AND ACCEPTED:

Adoption Donation fee *NON-REFUNDABLE* _____

Adopters Signature: _____ Date: _____

ART N PAWS Animal Rescue representative Signature _____ Date: _____