



Animal Information (to be completed by Pet Allies)

Animal Name: _____ Foster: _____

Adopter Information

Name: _____ co-adopter's Name: _____

Street Address: _____ Mailing address: _____
(no P O Boxes)

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ e-mail address: _____

Best time to call: _____ Major cross streets/landmarks: _____

Veterinarian's name and phone number: _____

Alternate Contact (outside of household) for emergency, microchip and/or reference.

Name: _____ Phone: _____

PET ALLIES believes the animal you are adopting is in good health (unless otherwise noted below). PET ALLIES provides a limited medical assistance program. Should any medical problem arise within 10 days of the date of adoption, **contact PET ALLIES voice mail immediately at 532-1602.** You will be referred to a veterinarian and PET ALLIES will pay for necessary treatment up to One Hundred Dollars (\$100). If it is an emergency, please call our volunteer _____ directly at _____. If you take the animal to the veterinarian without prior written approval or otherwise fail to follow our instructions regarding treatment, the 10-day medical assistance program is void and you will not be reimbursed. The 10-day health guarantee does not cover injuries to the animal. Pet Allies also furnishes one month free health insurance through PetHealth.com.

Many pets have behavioral problems such as chewing, fence jumping, separation anxiety, housebreaking, etc, especially in a rescue situation. The pet's normal personality will show itself over a period of time from 2 weeks to a month. **In order to adopt an animal from us, we require that you be willing to work with these problems *with the help of a behaviorist.***

PET ALLIES PO Box 415 Show Low, AZ 85902 (928) 532-1602

Please read the following information carefully.

I agree not to dispose of or give away the animal without first notifying PET ALLIES

I, the adopter, am responsible for the medical treatment, food and well-being of my pet. I agree to provide the animal with the necessary shots at the date advised by a veterinarian or by PET ALLIES medical records.

I agree that the adopted animal will not be transported in the open bed of a pickup truck or similar conveyance unless confined in a pet carrier which is safely secured in said vehicle. I agree to have the adopted animal under my control when outside. I also agree that the adopted animal will not be tied or chained.

I agree to a possible home visit by a volunteer to see how your new animal is adjusting or prior to adoption in some instances.

All the information I have provided on this application is, to the best of my knowledge, true and complete. I understand that falsifying answers on this application, or any other time during the adoption process, disqualifies me from adoption.

I hereby fully and completely release PET ALLIES and its officers, employees, agents and volunteers from any claim, cause of action or liability for any injury or damage which may be caused by the animal. I agree to fully and completely indemnify, defend and hold harmless PET ALLIES and its officers, employees, agents and volunteers from and against all claims, causes of action and liabilities, including but not limited to those asserted by third parties for any injury or damage caused by the animal.

I fully and completely release PET ALLIES and its officers, employees, agents and volunteers from any claim, cause of action or liability for any illness your other animals may develop, even if those illnesses are procured from the animal adopted from PET ALLIES.

I, the adopter, have read all of the conditions set forth in this adoption contract (including those on the reverse and following pages) and agree to abide by them.

There are no refunds of adoption fees.

Adopter's Signature

Date

PET ALLIES Representative

Amount Paid

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Pet & Family Questionnaire

Have you ever adopted an animal from PET ALLIES before? **Yes / No**

If yes, do you still have the animal? **Yes / No**

Have you ever requested assistance from Pet Allies? **Yes / No**

What was the nature of your request? { } Spay/Neuter, { } Adoption, { } Relinquish a pet, { } pet behavior questions, { } pet food assistance, { } other, explain: _____

How would you classify your home? { } Calm, Fairly Quiet { } Moderately Active { } Very Active

What type of home do you live in? { } house { } trailer { } apartment { } other: _____

How long have you lived at your present address? _____

Do you own your home or do you rent? { } Own / { } Rent If you rent, do you have permission from your landlord to keep a pet? **Yes / No** Is there a size or weight limit on pets? **Yes / No**

May we have permission to contact your landlord? **Yes / No**

Your landlord's name and phone number: _____

Age and sex of any children in the household: _____

Are there any other residents at the house? **Yes / No**

Are all household members in complete agreement to adopting, care for, and training your pet?

Yes / No

Do you have a doggie door? **Yes / No** Is your yard fenced? **Yes / No**

Please describe your fencing (height, material):

Does it completely enclose a yard for a dog? **Yes / No**

Do any family members have allergies to pets? **Yes / No**

Do you currently have pets in your household? **Yes No**

If yes, what kind? _____

Have these pets been spayed/neutered? **Yes / No**

Are you looking for an indoor or outdoor pet? **Indoor / Outdoor / Both**

If you do not currently have a pet, have you owned a pet before? **Yes / No**

What kind? _____

Have any of your pets been ill in the past year? **Yes / No**

Have you ever had to relinquish a pet? **Yes / No**

What were the circumstances? _____

Have any of your pets ever had a litter? **Yes / No**

Where will your pet sleep at night? _____

Where will your pet stay while you are gone during the day? _____

How often do you travel? _____

Where will the pet be boarded? { } kennel { } friend { } trainer { } groomer { } vet { } pet sitter