



ARF'S



"Give Me Shelter"

PUPPY/DOG ADOPTION RECORD

DATE: _____

ADOPTIVE FAMILY INFORMATION:

NAME _____

SPOUSE NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

HOME TELEPHONE NUMBER _____

CELL TELEPHONE NUMBER _____

EMAIL ADDRESS _____

PUPPY/DOG DESCRIPTION: _____

PLEASE ATTACH PHOTO (IF AVAILABLE)

FOSTER NAME: _____

APPROXIMATE AGE: _____

SPAYED/NEUTERED

YES

NO

RABIES SHOT:

YES

NO

RABIES TAG NUMBER: _____

PRE-ADOPTION APPLICATION TAKEN AND APPROVED BY: _____

PRE-ADOPTION MEETING COMPLETED AND APPROVED BY: _____

PRE-ADOPTION REFERENCES CONFIRMED BY: _____

I REALIZE THAT THERE WILL BE A FOLLOW-UP VISIT OR CHECK-IN WITH THIS PET I HAVE ADOPTED FROM ARF, I AGREE TO PROVIDE ACCESS TO THE ANIMAL AND A FORWARDING ADDRESS FOR AT LEAST ONE YEAR FROM THE DATE OF ADOPTION.

PUPPIES WHO ARE NOT SPAYED OR NEUTERED: I AGREE TO HAVE THIS PUPPY SPAYED OR NEUTERED AS SOON AS AGE PERMITS, AND IF NOT HANDLED THROUGH ARF I AGREE TO PROVIDE ARF WITH DOCUMENTATION THAT THIS PROCEDURE HAS BEEN DONE.

I AGREE TO PROVIDE ARF WITH DOCUMENTATION THAT ALL NECESSARY VACCINATIONS AND INITIAL HEALTH CARE FOR PUPPIES HAS BEEN DONE.

I FURTHERMORE AGREE THAT IF I AM NO LONGER ABLE TO KEEP THIS DOG/PUPPY THAT I WILL RETURN IT TO ARF. I WILL ALLOW FOR A MAXIMUM OF TWO WEEKS SO THAT ARF CAN MAKE ARRANGEMENTS FOR A FOSTER HOME.

I AGREE THAT I WILL NOT TRANSFER OWNERSHIP OF THIS DOG/PUPPY TO ANY OTHER PERSON. THAT I WILL NOT GIVE THIS DOG/PUPPY TO ANOTHER AGENCY. THAT I WILL NOT SELL THIS DOG/PUPPY. THAT I WILL NOT PLACE THIS DOG/PUPPY IN A SHELTER.

ADOPTIVE PARENT/S SIGNATURE

ADOPTIVE PARENT/S SIGNATURE

ARF REPRESENTATIVE SIGNATURE

DONATION

**A-R-F.
P.O. BOX 2435
WIMBERLEY, TEXAS
(512) 847-2878**

PLEASE NOTE THAT
THIS ACTS AS YOUR TAX
RECEIPT, PLEASE
KEEP THIS COPY IN
A SAFE PLACE -

1 COPY FOR SHELTER
1 COPY FOR FAMILY

**TAX NUMBER 2978797
WWW.WIMBERLEYARF.ORG**