

Disclosures

Date Received: _____ Owner Relinquish or Impoundment: _____

Cage/Kennel Number: _____ Breed: _____ Estimated Age: _____ Color: _____

Date of Birth: _____ Sex: M F NM SF Spay/Neuter Date: _____

Adoption Fee: \$ _____ Additional Fees: \$ _____ \$ _____ Microchip #: _____

This animal was returned by an adopter on _____ for the following reason: _____

Inoculations and treatments of this animal since the date received:

<u>Vaccinations/Inoculations</u>			<u>Diagnostic Tests</u>		
	Product	Date		Date	Results
<input type="checkbox"/>	Rabies	_____	<input type="checkbox"/>	Fecal	_____
<input type="checkbox"/>	K-9 Distemper/Parvo	_____	<input type="checkbox"/>	Parvo	_____
<input type="checkbox"/>	FVRCP	_____	<input type="checkbox"/>	Heartworm	_____
<input type="checkbox"/>	FELV	_____	<input type="checkbox"/>	FELV/FIV	_____
<input type="checkbox"/>	Bordetella	_____	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	Other	_____			_____

<u>Dewormers/Medications</u>	<u>Dosage</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>

Additional information may be included on a separate sheet.

Remarks: _____

A copy of our policy regarding warranties, refunds, or returns is available upon request. The Provisions of Adoption are non-transferable.

Acknowledgement of Disclosures

I hereby attest that all of the above information is true and correct to the best of my knowledge.

(Shelter/AC) Staff: _____
Print Name
Signature
Date

I hereby attest that this disclosure was posted on or near the cage of the dog or cat for adoption and that I have read all the disclosures. I further understand that I am entitled to keep a signed copy of this disclosure.

Adopter: _____
Print Name
Signature
Date

Original: Animal Shelter/Animal Control Copy: Adopter