

GABBY'S ANIMAL RESCUE



visalia, california | gabbysanimalrescue.org

Owner/Adopter _____ Driver's License # _____ Exp Date _____
Address _____ Apt # _____
City _____ State _____ Zip _____
Mailing Address (if different) _____
Home Phone # _____ Cell _____ E-mail _____ @ _____
Breed _____ Companion's Name _____ Foster _____
Color(s) _____ Age _____ Stray [] Owned [] Altered: Yes [] No [] Date _____
Rabies: _____ Vaccine #1 _____ #2 _____ #3 _____
Deworming: _____ Frontline: _____ Other: _____
Services/Vaccinations still need to be completed: _____

CONSULT YOUR VETERINARIAN ABOUT FOLLOW-UP INOCULATIONS AND/OR TREATMENTS

IMPORTANT! READ BEFORE SIGNING!

1. I understand that Gabby's Animal Rescue, Inc. has had the companion spayed/neutered, administered vaccines that were due, dewormed, flea treatment applied, and in most cases micro-chipped.
2. I agree to take the companion to a veterinarian within 14 days for a wellness examination and to procure immediate veterinarian care as needed, **AT MY OWN EXPENSE**, should the companion be diagnosed with a medical condition requiring treatment.
3. I understand that Gabby's Animal Rescue cannot guarantee the health, temperament or training of the above described companion and hereby agree to release Gabby's Animal Rescue from all liability once the companion is in my possession.
4. I agree to provide proper food, water, adequate shelter, and kind treatment at all times for my companion. (*Felines will be kept indoors only and smaller canines will be kept indoors when the outdoors weather conditions are cold and/or wet.*)
5. I agree to keeping all vaccines current and to take my adopted companion to the veterinarian to receive annual checkups.
6. If adopting a feline companion, I agree that it **will not be declawed**.
7. If adopting a canine companion, I agree that it **will not have the ears or tail docked/altered**.
8. I agree to license the companion in compliance with the laws and ordinances in force in the municipality in which I reside.
9. I agree to return the companion to Gabby's Animal Rescue if I decide at any time that I can no longer keep the companion. *If within the first 30 days, a refund of adoption fees only. If using a credit or debit card for adoption fee, refund will be less the processing fee we were charged (2.75%).*
10. I agree not to allow the companion to be used for medical or other experimental purposes.
11. I hereby acknowledge that the information provided above is accurate and truthful. I am willing to provide identification and/or documents to support this information. I agree to have Gabby's Animal Rescue visit my home and/or contact my landlord if need be.
12. If the Gabby's Animal Rescue Adoption Coordinator or foster parent does not believe that the placement of this companion with me has been successful, a Gabby's Animal Rescue agent may reclaim the companion.

Signature of Adopter: _____ Date: _____

Signature of Staff/Volunteer: _____ Date: _____

FOR Gabby's Animal Rescue USE ONLY --- DO NOT WRITE BELOW THIS LINE. THANK YOU.

Adoption Fee \$ _____

Cash [] Check [] MO [] Check or MO # _____