



American Foundation for Animal Rescue, Inc.
 A non-profit IRS 501C (3) charitable organization
 89-10 Eliot Avenue • Rego Park, NY 11374-1039 USA
 Voice 718-205-0200 • Fax 718-205-3962
 Visit us on the Web at www.afarnyc.org



Adoption Agreement

AFAR Tag # _____ Microchip # _____ Today's Date _____

Name adopter _____	Job Title _____	Supervisor _____
Address _____	Employer _____	Employer Phone No. _____
City _____ State _____ Zip _____	Address _____	Years there _____
Home Phone _____ Bus. Phone _____	City _____ State _____ Zip _____	

Do you live in a house? Apartment? If you live in an apartment, has your landlord given you permission to keep a pet? Yes No

Years There _____	Your Working Hours _____	Landlords Name _____	Telephone No. _____
-------------------	--------------------------	----------------------	---------------------

Is there a fenced in yard? Yes No

Are you over 21 years of age? Yes No

Driver's License or State Photo ID No. (Attach Photostat) _____

Do you own companion animals now or have you owned one in the past 10 years? Yes No If Yes, please complete below:

Species _____	Breed _____	Sex _____	Age _____	Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you still have this pet? Yes <input type="checkbox"/> No <input type="checkbox"/>
Species _____	Breed _____	Sex _____	Age _____	Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you still have this pet? Yes <input type="checkbox"/> No <input type="checkbox"/>
Species _____	Breed _____	Sex _____	Age _____	Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you still have this pet? Yes <input type="checkbox"/> No <input type="checkbox"/>

If any of the above pets are no longer owned, please explain what happened to them.

Your Veterinarian's Name _____	Practice Name _____	Phone No. _____
--------------------------------	---------------------	-----------------

Please list 3 references (not related to you).

Name	Address	Telephone	Relationship

As a condition of adoption, I understand and agree to the following:

1. Adopt it as a permanent member of my household, to keep it as long as it lives, to provide it with proper food, shelter, water and medical care when needed and never to abandon it or deliver it to a government animal control facility where it will most probably be killed.
2. Never to breed it or allow it to breed.
3. If it is not already neutered, to do so at my expense (a list of low cost spay/neuter clinics will be provided upon request) within one (1) week of receiving it or at six (6) months of age or whichever comes first.
4. Not to permit this animal to be used for the purpose of vivisection, experimentation or fighting or to declaw it if it is a cat.
5. To license the pet with the local government and to walk dogs on leashes and according to local ordinances and never leave my pet unattended outdoors and to not allow cats to roam outdoors.
6. To consult an animal trainer, applied animal behaviorist or board certified veterinary behaviorist in the event it exhibits inappropriate behavior with others or me.
7. To notify American Foundation for Animal Rescue, Inc. (AFAR) immediately if my address changes or if I can no longer care for it.
8. The adoption fee/donation is non-refundable for any reason.
9. Rabies vaccinations are the responsibility of the adopter.

Release

I understand that animals can be unpredictable and can cause injury to others and myself. THE AMERICAN FOUNDATION FOR ANIMAL RESCUE, INC. DOES NOT WARRANT ANYTHING REGARDING THE TEMPERAMENT OF THIS ANIMAL. I, the undersigned as RELEASOR, in consideration of the American Foundation for Animal Rescue, Inc., a New York State not-for-profit corporation, as RELEASEE, releases RELEASEE'S heirs, executors, administrators, successors, employees, agents, volunteers, interns, students, directors and officers as to attacks, bites, mauling, or all of them, by the animal being adopted that is described below. I sign below in recognition of my understanding that any injuries received by other humans, me or animals are my own responsibility. I agree to indemnify and hold harmless all heirs, executors, administrators, successors, employees, agents, volunteers, interns, students, directors and officers of the American Foundation for Animal Rescue, Inc. from any damages arising out of injuries by any and all acts of the animal being adopted. I am 18 years of age or older.

Adopter Date \$ _____ Cash Check Visa/Master
 AMEX Discover Card

AFAR
by: _____

Animal Information

Animal's Name Species Breed Age Sex Coat Color

Medical & Vaccination History