

MICROCHIP #

PET POINT I.D. #

# Arrow's Heart Animal Rescue Adoption Contract

A. H. TAG #

Adopted Animal's Name:	Species/Breed:	Description:	Sex:	Estimated Age:
Primary Vet:	Rabies Vaccine Date:	Heartworm Test Results:	De-worming Type:	
Notes:		Adoption Donation: \$	Tax: \$	Total: \$

This agreement is between Arrow's Heart Animal Rescue (AHAR) and the undersigned new animal owner ("you") regarding the adoption of the above described animal ("the Animal"). This animal is adopted **AS IS** and all future vet work is your responsibility. The animals have received the vaccines as stated above, but may or may not have had a vet check as noted above and in the vaccination record. AHAR does NOT guarantee the health or temperament of this animal. Unless provided by participating veterinarian, AHAR is legally unable to provide any prescription medications for any underlying health conditions (such as kennel cough) and therefore it is your responsibility to have any condition(s) treated and AHAR is not responsible for any costs incurred by you.

There is a seven (7) business day trial period (the "trial period") for the animal in your home. If you adopt the animal on a Saturday, the trial period expires on the following Saturday. If, for any reason such as landlord issues, allergies or animal personality clashes, you choose not to keep the dog, you must notify AHAR immediately. If notified during the trial period and you return the dog by 11AM to the following Pet Adoption, you will receive a replacement certificate for ONE animal of equal or lesser value valid for 60 days from date of return. This credit may be used only by you, it is not transferable. AHAR reserves the right to deny replacement certificate in cases of abuse, neglect and/or the animal dies.

**NO CASH REFUNDS WILL BE GIVEN AT ANY TIME FOR ANY REASON.**

The animal, if not already done at the time of adoption, must be spayed or neutered by date stated above. AHAR reserves the right to repossess the animal, with no refund of the adoption fee, if the animal is not spayed or neutered by above date. A certificate from your veterinarian indicating the completion of the spay or neuter must be sent to the AHAR P.O. box below.

AHAR requires that the animal be housed indoors in your home, unless otherwise specified in the "Notes" column above. If you are in violation of these terms, AHAR reserves the right to repossess the animal with no refund of the adoption fee. AHAR reserves the right to make scheduled post-adoption home visits and/or follow up calls to check on the welfare of the animal and assure that the terms of the contract are being met. **If you cannot keep the animal, it MUST come back to AHAR.** AHAR will follow appropriate legal action against you to reclaim the animal from anyone other than person specified on this contract. It is understood and agreed upon that no warranty or action has been made with respect to the animal except as set forth in writing of this contract. It is further understood that you and AHAR will abide by the agreement herein. *I fully understand that all expenses incurred henceforth are my full responsibility, and I agree to give this animal the best possible care. I also agree to spay or neuter the animal by the above date if not already done, keep it housed indoors, and return it to AHAR if I am unable to care for it or choose to relinquish this animal for any reason — NO EXCEPTIONS.* *By signing this, I agree that I am liable for the adoption fee as stated above regardless of check processing. If I stop payment on this check or there are not sufficient funds in my account, I agree to pay an additional \$30 per check along with the adoption fee regardless if I keep the adopted animal. If I supply false information on this contract, I understand that the animal will be repossessed with no refund of the adoption fee or fees paid while I own the animal. Furthermore, I agree to be held financially responsible for any fees and/or court costs incurred by AHAR during repossession.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NO CASH REFUNDS

**Please PRINT clearly:**

Name StreetAddress City State Zip Code

Primary Phone Secondary Phone Driver's License or ID Number-Include State

Email Address  
 Randi Smelser  
 (612)-245-0722  
 P. O. Box 7  
 Zimmerman, MN 55398  
 Arrow's Heart Authorization Date