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Purrfect Angels Adoption Application

We reserve the right to decline any application.

Please print clearly

Date: _____

ADOPTER'S INFORMATION *(Must be at least 21 years of age to adopt)*

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone number: _____

Email: _____

Cash: _____ CC: _____ Check: _____ Check #: _____

Animal's Information

Name: _____

Gender: M F

Breed: _____

Age: _____

Description: _____

1. **ADOPTION FEE.** Purrfect Angels Animal Rescue requires an adoption fee to help defray veterinary care and expenses. *Note: This fee is Non-Refundable after 14 days.*
2. **REPRESENTATION.** I understand that this animal may have been previously lost or unwanted and may have been rescued from an unhealthy or dangerous situation. I understand that Purrfect Angels Animal Rescue makes no representations or warranties expressed or implied about the animal's age, health, personality or breed. Any information Purrfect Angels Animal Rescue provides is based upon information received at the time the animal was brought into the organization.
3. **CARE OF THE ANIMAL.** I understand and agree to the care requirements stated below. _____ (initial)
 - a. I agree to provide the animal proper shelter, nutrition and humane treatment.
*** The following (b and c) pertains to cats only ***
 - b. I agree that this animal will be kept indoors.
 - c. I will never declaw the cat. I understand that declawing (onychectomy) is an amputation of the joint and can cause numerous painful and irreversible physical and behavioral problems.
 - d. I agree to comply with all state and local laws pertaining to ownership of the animal, including licensing.
 - e. I agree that this animal will not be used for research or medical experimentation.
 - f. I understand that pet ownership is a long-term commitment for the life of the pet. In the event I can no longer keep this animal, I will return the animal to Purrfect Angels Animal Rescue at 972 896-7959.
4. **Veterinary Care:** I acknowledge my responsibility stated below and have received a copy of medical records. _____ (initial)
 - a. I understand that if the animal shows any signs of illness after I take it home I will promptly consult with my veterinarian and/or call Purrfect Angels Animal Rescue for basic instructions and/or information at 972 896-7959.
 - b. I understand that any veterinary bills I incur after adoption are my responsibility.
 - c. I agree to have the animal examined by a veterinarian within one month of adoption and not less than yearly thereafter. I agree to keep all immunizations up to date.

5. **Transfer of Ownership:** I AGREE NOT TO ABANDON, SELL, OR DISPOSE OF THE ANIMAL IN ANY WAY AND WILL NOTIFY PURRFECT ANGELS ANIMAL RESCUE AT 972 896-7959 IF AT ANY TIME I AM UNABLE OR UNWILLING TO KEEP THE ANIMAL. I ALSO AGREE TO NEVER SURRENDER THE ANIMAL TO A SHELTER THAT EUTHANIZES SURPLUS ANIMALS. _____ (initial)
6. **Breach of agreement:** In the event I am unable or unwilling to comply with the terms of the adoption agreement, Purrfect Angels Animal Rescue may rescind this agreement and promptly take ownership of the animal. I agree to pay any court costs and reasonable attorney's fees for Purrfect Angels Animal Rescue's enforcement of this adoption agreement.
7. **No Liability:** I agree Purrfect Angels Animal Rescue is not liable to me or any other party for any losses, injuries, damages, expenses, judgements or any other liabilities whatsoever in connection with the adoption.
8. **Apartments:** (This applies to only perspective adoptees that live in apartments.) My apartment complex does accept pets and I am aware there may be a pet deposit that I am willing to pay. _____ (initial)

Do you give permission for a Purrfect Angels Animal Rescue representative to visit your home prior to adoption to do a home check and after the adoption to do follow up checks on the pet? _____

Signature: _____

Date: _____