## Adoption Contract 4 Paws Rescue

Adoption Date:		Dog / Cat / Other:	
Sex: NM/SF	Name of Animal:	Age:	
Animal Color(s): _			
Breed (If Known):			
Impound Number:	Microchi	p Number:	
I understand the though the animal understand the adoption is final understand the I understand the I agree to keep prevention and I will provide should be a simple of the I will not have the I will not have the should be a simple of the I will not have the should be a simple of the simple of the simple of the should be a simple of the si	at after the seven day home tral may be returned to 4 Paws Renat all medical expenses concerdized. It this animal will be kept as my partner the animal in good health, incluoverall good general health care. The elter for this animal from harsh was a I can not keep the above animal his animal de-clawed for any reas any individuals representing 4	rning this animal are my responsibility after the pet/companion.  Iding keeping up with current vaccinations, worm	
Adopter's Signature:			
Adopter's Printed Nan	ne:		
Mailing Address:			
City/ State/ Zip Code:_			
E-mail Address:			
Phone Number:			
	entative:		