Pet Adoption Contract

Applicant Detail Information

Primary Applicant Full Name:		
DOB:		
Additional Applicant Full Name:		
DOB:		
Full Address:		
Primary Phone Contact:		
Primary Email:		
# of Residents Living At Home:		
Names/Ages of Additional Residents:		
Do You Own/Rent? # Years at Current Residency		
Are You Allowed Pets At Your Residency?	Y / N	
Other Pets In The House or On The Property?	Y / N	
If so, How Many?		
Please List Other Pets In This Section:		
		

Veterinary Recommendation

Primary (Or Most Recent) Veterinary (Clinic Used:		
Street Address:	_ City:	State:	
Business Phone #:			
I.	. (Adopter), herek	by swear and attest that the following	na
		abilities concerning the adoption of	
listed above (hereafter referred to a	•	.	·
	·	or myself and/or my family. I will no	t use the
animal for any illegal activit 2. I will not physically abuse, r		m the net in any way	
1. (This includes de-clay	•		
•		lse ensure that the pet's offspring re	eceive
	-	nicrochipped, I will allow APB to mid	
post-adoption.			
4. I will keep my pet up-to-date	e on all vaccinations.		
•	•	id water to maintain a healthy weig	ht.
6. I will make sure that the per	•		
7. I will ensure that the pet ge	·	-	
8. I will never let my pet outsic			
 I will obey all laws concerni I will train the pet so that it 	•		
-		r the pet back to the seller before s	seeking
		10 days to reacquire as an	CCKING
		All Pet Brigade again resumes all	riahts &
ownership of pet.	- р	3000030	9
12. I will pay the fee of \$	to help fu	and initial medical costs incurred &	care.
1. (If Out-Of-State of Mis	ssouri, and APB transpo	ort across lines, add \$50 for Health Ce	rtificate &
Fuel)			
•	•	ng the health or temperament of this	s pet.
14. I understand that the seller		• •	
15. I agree to a pre-home inspe	ection from an All Pet	: Brigade Representative before pla	acement of

16. All Pet Brigade will not be held liable post-adoption for any incident that may occur. APB Staff will disclose all known behavior & temperament issues prior to adoption.

and will follow up in person, phone, or email as situation dictates.

pet into my home. I understand All Pet Brigade cares about its animals even beyond adoption

Pet Adoption Details (to be completed by APB Staff)

Pet Name:	Species:				
Breed:		(Color(s):		
Sex:	Male	Female	Fixed:	Yes	No
	Notes or	Special Instruction	ons (to be con	npleted by APE	3 Staff)
Staff Initia	ıls: <u>MR</u> (<u>C</u>			

vve, being,	All Pet Brigade	, (Seller), attest to the following infor	mation as
being factual and t	true:		
medication	required.	about any known health issues the pet has, as	·
Rescue Staff (e-): Agreement	Signature – <i>Binding</i>	Date	_
Rescue Staff Prin	ited Name		_
Adopter (e-)Signa	ature – Binding Agreement	Date	
Adopter (e-)Signa	ature — Binding Agreement	Date	
Driver's Licen	se # for each Adopter	Driver's License # for each Adopter	_



(Please EMAIL application back to the all pet brigade@gmail.com if completed online)

Oak Grove, MO 64075 theallpetbrigade@gmail.com www.allpetbrigade.com