

# ADOPTION AND PERMANENT RECORD

P.A.L.S.

1101 NAVIGATION BLVD. • CORPUS CHRISTI, TX 78407

(361) 884-0366

DATE \_\_\_\_\_ TIME \_\_\_\_\_ CITY \_\_\_\_\_

STRAY / OWNED \_\_\_\_\_ ID# \_\_\_\_\_ KENNEL # \_\_\_\_\_

DOG  CAT  KITTEN  PUPPY  OTHER \_\_\_\_\_

MALE  FEMALE  SPAYED  NEUTERED

PET'S NAME: \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_

EARS:  Erect  Floppy COAT:  Short  Long  Wire  Straight

TAIL:  Long  Short  Docked COLOR: \_\_\_\_\_

HOUSEBROKEN:  Yes  No GOOD WITH CHILDREN:  Yes  No

GOOD WITH OTHER ANIMALS:  Yes  No

HEARTWORM TEST: DATE: \_\_\_\_\_

VACCINATIONS: DOG / PUPPY DA2PPCVK / BORD / RABIES / OTHER DATE: \_\_\_\_\_

VACCINATIONS: CAT / KITTEN FELOV AX IV / RABIES / OTHER DATE: \_\_\_\_\_

DEWORMER: STRONGID-T / DRONCIT / OTHER DATE: \_\_\_\_\_

NEXT BOOSTER DUE: \_\_\_\_\_

\_\_\_\_\_ I HEREBY ACKNOWLEDGE RECEIVING FROM P.A.L.S. (Pets and Animals Life Shelter) the above described animal and that I agree to care for in accordance with the humane standards of P.A.L.S. and Texas anti-cruelty statute 42.11. I also agree that said animal shall not be given away or sold, or used for any vivisection or experimental purpose or any unlawful activity. In the event that I cannot care for the said animal or meet the standards of this agreement in any form, I agree to return the said animal to P.A.L.S. making no charge of any form charter for food, care, service, or thing. I also agree that said animal will be returned on demand or subject to repossession by P.A.L.S. if this contract including the sterilization agreement is violated in any way. It is further understood that P.A.L.S. reserves the right to investigate the new home and remove the said animal if it is not found suitable in any way by investigation.

\_\_\_\_\_ I RELIEVE P.A.L.S. (Pets and Animal Life Shelter), from any liability in respect to the health or disposition of the adopted animal or any expense that I might incur on behalf of said animal after its adoption.

\_\_\_\_\_ NO CASH REFUND: IN THE EVENT THE ADOPTED ANIMAL IS HARBORING A SERIOUS UNDISCLOSED ILLNESS, IT MAY BE REPLACED WITHIN ONE WEEK OF ADOPTION AT NO ADDITIONAL EXPENSE.

\_\_\_\_\_ I UNDERSTAND THAT THE ADOPTED ANIMAL MUST BE SPAYED OR NEUTERED, NO EXCEPTIONS.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_