

SAVE ANIMALS FROM EUTHANASIA, INC. aka S.A.F.E., Inc. (page 1 of 2)
501(c)3 non-profit entity P.O. Box 6829, Apache Junction, AZ 85178 - Evie M. 480-982-1385

DATE: _____

Animals Name _____ AGE _____

Breed _____ Color _____

Sex: M F Has Dog Been Spayed/Neutered? Y N If Yes, date of surgery _____

SAFE will contact you regarding setting up a Spay/Neuter date for your animal. Do NOT attempt to set up a Spay/Neuter date on your own. If you have any questions or concerns about Spay/Neuter, you may e-mail efmangano@msn.com

Adoptive Parent Name(s) _____ e-mail address _____

Address _____ City _____ State _____ Zip _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Adoption Fee: \$ _____ Ca. ___ Ck. ___ (Fee includes Spay/Neuter, and all shots including Rabies)
Adoption fees are NOT tax deductible!

I acknowledge receiving the above animal and I understand and agree to the following terms.

I understand that I am adopting the animal without any behavior, temperament or health GUARANTEES, I assume ALL risks associated with bringing a new animal into my home. This animal may exhibit unexpected behavior, display an undesired temperament, or require expensive medical treatment for a new or pre-existing illness, injury, or condition. I am adopting this animal AS IS and I am completely responsible and obligated to pay any expenses related to this animal incurred from this date forward. S.A.F.E. Inc. will NOT provide medical care nor reimburse for any expenses, including medical after adoption.
_____ (intls)

I will give this animal at least 30 days in my home to work out any problems. I will work on the animals behavior, and do my BEST to make it work so that this animal does not get returned nor put back into an animal shelter. I will contact SAFE for advice, or information to correct the problems prior to returning the animal. I will NOT give the animal to another person, or take it to another facility without first consulting with S.A.F.E. Inc. for direction. _____ (intls)

A licensed veterinarian may NOT have examined this animal, and it is recommended that this animal be kept separate from existing animals until thoroughly examined by a veterinarian. This animal has not exhibited any health problems to this date, however, sometimes illness can occur after adoption. (We recommend that all animals adopted be seen by a veterinarian as soon as possible in order to insure the animal's health. _____ (intls)

I will provide the animal with adequate food and water to maintain healthy living, a clean shelter within a comfortable temperature range, and provide necessary medical treatment and veterinary care, including yearly vaccinations. I WILL NOT LEAVE THE ANIMAL OUTDOORS FOR EXTENDED PERIODS OF TIME IN EXTREME HEAT OR COLD, AND WILL NOT CHAIN OR TIE THE ANIMAL UP OUTSIDE. I will provide shade and fresh water at all times. _____ (intls)

If the animal becomes lost, I will notify SAVE Animals From Euthanasia (further referred to as S.A.F.E.) within 48 hours. If I fail to make such notification, and the animal is recovered by S.A.F.E., the animal may not be returned _____ (intls)

SAVE ANIMALS FROM EUTHANASIA (S.A.F.E.) may inquire about or examine the animal at any time. If the examiner is not satisfied with the condition of the animal and/or this agreement has not been fulfilled. S.A.F.E. may reclaim the animal. If the animal is in need of medical care because of mistreatment, abuse, lack of adequate food and water, etc, S.A.F.E. may sue the adopter to recover the veterinary and court costs. The veterinarian will determine the cause of the condition of the animal, and give his/her report to the court for their review. _____(intls)

I will transport this animal inside an enclosed vehicle. I will not leave him/her unattended in the vehicle in the heat at any time. _____(intls)

I will abide by all state and local laws regarding animal ownership. Dogs must be registered and licensed with Maricopa County Animal Care and Control (MCACC) or Pinal County Animal Care and Control (PCACC). Dogs will wear a collar with their registration tag issued by MCACC or PCACC, and an identification tag indicating my current phone number. _____(intls)

I release S.A.F.E., Inc from any claim, cause of action, or liability for any injury or damage which this dog may cause. I agree to indemnify, defend, and hold harmless S.A.F.E., Inc. from all claims , causes of action and liability, including but not limited to those asserted by third parties, for any injury or damage caused by this dog. _____(intls)

I release S.A.F.E., Inc. from any claim, cause of action, or liability for any injury or illness my other animals may develop, even if caused by or procured from this dog. _____(intls)

If the animal is returned within 30 days of adoption, and the animal is in good physical condition, I may receive a refund from S.A.F.E., Inc. disbursed for 1/2 of the adoption fee for administrative expenses, stating that S.A.F.E. will keep 1/2 of the adoption fee for the rescue group to help to re-home, and re-evaluate the animal. If S.A.F.E. has no foster homes available, I agree to keep the animal until a suitable foster or permanent home can be found for the dog. S.A.F.E. will put the animal on their website, and advertise the dog for adoption. The adopter agrees to bring the dog to adoption events in order to expedite finding the dog a new home. _____(intls)

I agree to pay a \$25 returned check fee if the adoption check bounces. I also agree to repay S.A.F.E. with cash or money order to include the original adoption price, and the \$25 returned check fee. If I do not repay the entire amount as agreed, S.A.F.E., Inc. may then reclaim the animal. _____(intls)

No other agreements are in effect and agents of SAVE ANIMALS FROM EUTHANASIA (S.A.F.E.) are not authorized to make other agreements or guarantees. _____ (intls)

Adoptive Parent’s Signature: _____ Date: _____

SAFE, Inc. Authorized Representative _____ Date: _____

S.A.F.E., Inc. is not affiliated with any other Rescue Group at any other PetSmart Store!!