

**Disclosures**

Date Received: \_\_\_\_\_ Owner Relinquish or Impoundment: \_\_\_\_\_

Cage/Kennel Number: \_\_\_\_\_ Breed: \_\_\_\_\_ Estimated Age: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F NM SF Spay/Neuter Date: \_\_\_\_\_

Adoption Fee: \$ \_\_\_\_\_ Additional Fees: \$ \_\_\_\_\_ \$ \_\_\_\_\_ Microchip #: \_\_\_\_\_

This animal was returned by an adopter on \_\_\_\_\_ for the following reason: \_\_\_\_\_

Inoculations and treatments of this animal since the date received:

<b><u>Vaccinations/Inoculations</u></b>			<b><u>Diagnostic Tests</u></b>		
	Product	Date		Date	Results
<input type="checkbox"/>	Rabies	_____	<input type="checkbox"/>	Fecal	_____
<input type="checkbox"/>	K-9 Distemper/Parvo	_____	<input type="checkbox"/>	Parvo	_____
<input type="checkbox"/>	FVRCP	_____	<input type="checkbox"/>	Heartworm	_____
<input type="checkbox"/>	FELV	_____	<input type="checkbox"/>	FELV/FIV	_____
<input type="checkbox"/>	Bordetella	_____	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	Other	_____	_____	_____	_____

  

Dewormers/Medications	Dosage	Date	Date	Date	Date	Date	Date	Date

Additional information may be included on a separate sheet.

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A copy of our policy regarding warranties, refunds, or returns is available upon request. The Provisions of Adoption are non-transferable.

**Acknowledgement of Disclosures**

I hereby attest that all of the above information is true and correct to the best of my knowledge.

(Shelter/AC) Staff: \_\_\_\_\_  
Print Name
Signature
Date

I hereby attest that this disclosure was posted on or near the cage of the dog or cat for adoption and that I have read all the disclosures. I further understand that I am entitled to keep a signed copy of this disclosure.

Adopter: \_\_\_\_\_  
Print Name
Signature
Date

Original: Animal Shelter/Animal Control      Copy: Adopter