

# ADOPTION RELEASE FORM

STORE NO. \_\_\_\_\_

**ADOPTION AGENCY - PLEASE COMPLETE**

ADOPTION AGENCY BASH ADOPTION FEE \_\_\_\_\_ ALTERED  YES  NO

PET'S NAME GUINNESS PET'S AGE 2 MONTHS  YEAR  CAT GROUP NUMBER 75

DOG  OTHER \_\_\_\_\_

**PLEASE COMPLETE**

ADOPTER'S NAME FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Check here if you do not wish to receive email offers or newsletters from PETS.MART.COM

On a scale of 1 to 10 (with 1 being "does not describe" and 10 being "describes completely"), how true are the following?  
 1 ←-----→ 10

- \_\_\_\_\_ I like to browse when shopping for pet products.
- \_\_\_\_\_ I only shop for pet products at stores that are near the supermarkets or other stores I regularly shop.
- \_\_\_\_\_ I want the best quality products for my pet regardless of price.
- \_\_\_\_\_ I believe that all pet foods are really the same.
- \_\_\_\_\_ I would enjoy participating in pet-based social activities.
- \_\_\_\_\_ I prefer to shop for pet products at a store that supports humane societies and other professional pet organizations.
- \_\_\_\_\_ I generally buy pet products that are on sale.

**ADDITIONAL PETS**

QUANTITY

DOG \_\_\_\_\_

CAT \_\_\_\_\_

BIRD \_\_\_\_\_

S/ANIMAL \_\_\_\_\_

OTHER \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN BELOW**

**• PETS.MART ADOPTION CENTER**

Thank you for choosing to adopt a pet. PETS.MART supports the adoption process by donating the use of the Adoption Center to qualified, pre-approved animal welfare organizations. **THESE ORGANIZATIONS ARE NOT AFFILIATED WITH PETS.MART IN ANY WAY. WE CANNOT AND DO NOT GUARANTEE THE HEALTH OF ANY OF THESE PETS AVAILABLE FOR ADOPTION.**

**• YOUR PET'S PAST HISTORY**

The animals available for adoption at PETS.MART Adoption Center often come from a shelter environment and little is known about their past. Each participating animal welfare organization is concerned about the health of the animals in its care. These organizations exercise due caution to prevent disease transmission. Because health care procedures can vary by agency please request detailed information regarding the health care typically administered to animals in the adopting organization's care.

**• YOUR PET'S CURRENT HEALTH**

It is possible that these pets have been exposed to canine and feline diseases that may not show symptoms for several weeks, as would be the case regardless of where you obtain your pet. There is even a chance that a healthy animal can carry a disease that is transmittable to people.

**• VETERINARIAN APPOINTMENT**

It is imperative that you make an appointment for your new pet with your veterinarian as soon as possible. The veterinarian can check your pet's health and give you valuable information regarding warning signs of illness. We have provided for you a certificate for a free initial exam at any veterinary clinic located within PETS.MART. This free examination does not include any vaccinations or medications recommended by the veterinarian.

**• PET TRAINING**

The adjustment period for a new pet can be quite challenging. PETS.MART strongly recommends that you and your new pet participate in training classes. These classes will help you understand your pet's behavior and help him/her adjust to their new family. With this adoption you will receive a \$5.00 off coupon toward PETS.MART Pet Training Classes.

I hereby release PETS.MART, the adoption agency and their agents of any liabilities related to the adoption of this pet from the adoption center.

SIGNATURE \_\_\_\_\_

ADOPTER

**PLEASE PRESENT THIS FORM TO A CASHIER TO RECEIVE VALUABLE COUPONS FOR YOUR DOG OR CAT**



*Congratulations on the adoption of your new pet!*

**Kennel Information:**

Animal ID:	Activity No:	Intake:	Outcome:	In Type:	Out Type:
A082048	A08-029619	05/26/08	5/27/2008	STRAY	RTO

Shelter Hours

Monday - Saturday 11:00AM - 5:30PM\*  
Shelters CLOSED Sundays and Holidays

Clerk: SANDRA SHELTER

Transaction Date: 05/27/08

Print Date: 05/27/08

receipt.rpt ss 12/99

# VACCINATION CERTIFICATE

Account #: 10526

Owner: Paula Brandon

Address: 5760 Briar Cliff Terrace  
Watsonville, CA 95076

Phone: (831)768-1759 home  
(831)758-8223 x50

Animal: Chiara

Species: Canine

Breed: Dalmation X

Color: BLK WHT

Gender: Female Spayed

Birthdate:

Age:

Weight: 0.00

Date	Vaccine	Manufacturer	Serial #	Type	Tag #	Due on
10/25/2007	Rabies 3 year	Fort Dodge	873101A	Killed		10/21/2010
10/25/2007	DHPPC 1yr with exam					10/23/2008

*All Pets Hospital*  
1257 East Alisal St  
Salinas, CA 93905  
(831) 422-1976  
FAX: (831) 422-5564

Dr. Amber Aroner

10/25/2007



# Bay Area Siberian Husky Rescue Referral

2633 S Bascom Ave, Campbell CA 95008

(800)473-BASH

a non-profit corporation

Life \* Love \* Friendship

Adoption Agreement BASHR/R Tag # 1711

Pet Name Guinness Breed S/H Eye Color Blue Coat Color B/W Coat Type ---

Date \_\_\_\_\_ BASH Representative \_\_\_\_\_ Phone \_\_\_\_\_

Adopted Pet: Male / Female DOB 2/1/07 Age 2 Spay/Neutered \_\_\_\_\_ Date of Surgery 9/13/07

Whereas it is the intent of Bay Area Siberian Husky Rescue/Referral effort, herein known as BASHR/R to insure and protect the welfare of any and all animals adopted and placed into my/our custody through the terms of this agreement.

I/We \_\_\_\_\_ Adopter(s) Drivers License # \_\_\_\_\_

Residing at \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) ( ) (work) ( ) (e-mai) \_\_\_\_\_

Hereby acknowledge that I/we have received the above described animal from BASHR/R and agree to perform the following:

- To assure this animal a loving home: to provide food, fresh water, adequate exercise and human affection, a secure confinement area when the animal must be unattended and shelter at all times.
- To provide veterinary treatment when needed, including all vaccinations and medical tests required to maintain good health.
- To make sure that this animal wears the BASHR/R tag and an identification tag at all times. To notify BASHR/R immediately if this dog should become lost, and to notify BASHR/R of my new address and phone numbers if they should ever change.
- To comply with all state and local laws and ordinances which pertain to the keeping of this dog.
- To allow this dog to sleep in the house unless provisions allowed by foster home are made at time of adoption.
- To protect this animal from potential injury and death by never allowing it to ride in the open bed of a pick up truck.
- To never give, sell or cause this animal to be given or sold to any agency, Humane Society, animal shelter, pound, animal control facility or another private party or agency without first notify BASHR/R and allowing BASHR/R no less than 2 weeks to arrange alternative shelter for the dog.
- To never allow this dog to be used for animal experimentation, vivisections, animal fighting, guard duty or any other commercial activity.
- \_\_\_\_\_

I/we further agree that BASHR/R shall retain the right to rescind this adoption and remove this dog from my/our possession should this dog be found not to have received proper care at any time, or should any of the terms of this agreement between me/us and BASHR/R be violated at any time.

I/we further agree that to hold BASHR/R and all representatives and volunteers for BASHR/R harmless for any all damages resulting from my/our adoption of this dog, effective upon the date of adoption.

This animal is presumed by BASHR/R to be in healthy condition. I/We agree that BASHR/R will not be held responsible for any conditions for which clinical symptoms are not in evidence at the time of adoption.

REFUNDS FOR DOG RETURNS WITHIN 14 DAYS HAVE A REPROCESSING FEE OF \$25.00 NO REFUNDS AFTER 14 DAYS.

Signed and agree this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

Adopter's Signature

Witnessed and signed \_\_\_\_\_

BASH representatives *any amount over \$90 is a tax deduction*

Medical care provided by BASHR/R

DHLPP 8/28/07 Chip ID \_\_\_\_\_ Home Again or 49443B7A20

Rabies 9/14/07 Adoption fee \$ 250-

Bordetella 9/13/07 Wormed \_\_\_/\_\_\_/\_\_\_ Using \_\_\_\_\_

Location of adoption or how they found out about dog \_\_\_\_\_

**Make check or money order payable to: BASH**

White (BASHR/R) Goldenrod (Foster Home) Pink (BASHR/R) Yellow (Owner)

**CITY OF PALO ALTO**



**ANIMAL SERVICES**

3281 E. Bayshore Road, Palo Alto, CA 94303, (650) 496-5971

Receipt Number: R08-052075

Receipt Date: Tuesday, May 27, 2008  
PID: P008494

Person Information: ANDREW SHARP  
212 THOMPSON SQ  
MTN. VIEW, CA 94043

Received From: ANDREW SHARP

Check No:

Phone: (650) 968-4048

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
HOMEAGAIN	A082048	49483B7A20	\$0.00	1	\$0.00
LIC SN 36 MV	A082048	L10-M06826	30.00	1	30.00
INTAKE	A082048	T08-086203	.00	1	.00
VACC DA2PP-K	A082048	T08-086204	.00	1	.00
BOARD DOG MV	A082048	2008-05-26 00:	15.00	1	15.00
IMV1DOGUL	A082048		45.00	1	45.00

Total Fees Due: **\$90.00**

Payments: Cash: \$0.00  
Check: \$90.00  
Credit Card: \$0.00

Total Payments Received: **\$90.00**

**Thank You!**

Change: \$0.00  
Balance Due: \$0.00

**Animal Information:**

A082048 GUINNESS - OF AGE, NEUTERED, SIBERIAN HUSKY, BLACK AND WHITE DOG

**Treatment Information:**

Type:	Animal#	Weight	Description:	Treat #	Date:
INTAKE	A082048	0.00	NOT VACCINATED @ SCHS. JW	T08-086203	5/26/08
VACC DA2PP-K	A082048			T08-086204	5/26/08

Total Medical Fees: **\$0.00**

**License Information:**

Tag Number:	Expires:	Animal#	Vacc Date:	Term:	Expires:	Amount:	Type:
3B7A20		A082048				\$0.00	HOMEAGAIN
M06826	10/01/10	A082048	10/25/07	36	10/25/10	\$30.00	LIC SN 36 MV

Total License Fees: **\$30.00**

Shelter Hours

Monday - Saturday 11:00AM - 5:30PM\*  
Shelters CLOSED Sundays and Holidays

### RABIES VACCINATION CERTIFICATE

NASPHV Form 51

PRINT - use ballpoint pen or type

Owner's Name & Address PRINT: Last <u>Rescue</u> Street <u>Cameo</u> City <u>Danville</u> State <u>VA</u> Zip <u>24526</u>		Rabies Tag Number <u>07-05602</u>
No. <u>303</u>		Telephone <u>820-1162</u>
SPECIES: Dog <input checked="" type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>		M.I. Telephone
SEX: Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input checked="" type="checkbox"/>		First <u>B.A.S.H.</u>
AGE: 3 mo. - 12 mo. <input type="checkbox"/> 12 mo. or older <input checked="" type="checkbox"/>		Zip <u>24526</u>
SIZE: Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input checked="" type="checkbox"/>		Telephone
PREDOMINANT BREED: <u>Siberian Husky</u>		Telephone
NAME: <u>Guinness</u>		Telephone
DATE VACCINATED: Month <u>9</u> Day <u>14</u> Year <u>7</u>		Telephone
PRODUCER: <u>RH6</u> (First 3 letters)		Telephone
VACCINATION EXPIRES: Month <u>9</u> Day <u>14</u> Year <u>10</u>		Telephone
VETERINARIAN: <u>Bing Cates D.V.M.</u>		Telephone
VETERINARIAN'S # _____ License No. _____		Telephone
VETERINARIAN'S SIGNATURE _____ Address: _____		Telephone
VACCINE SERIAL (Loop) No. <u>125098</u>		Telephone

Today your pet was vaccinated against:

DATE 9/14/07

**CANINE:**

Rabies

Distemper

Hepatitis / Adenovirus Type 2

Parainfluenza

Leptospirosis

Parvovirus

Coronavirus

Bordetella

Lyme

Other \_\_\_\_\_

**FELINE:**

Rabies

Rhinotracheitis

Calicivirus

Panleukopenia

Chlamydia

Leukemia

FIP


Other \_\_\_\_\_

**FERRET:**

Rabies

Canine Distemper

Other \_\_\_\_\_



# San Francisco Animal Care and Control

1200 15th Street, San Francisco, CA 94103  
 Tel (415) 554-6364 Fax (415) 864-2863

**Receipt Number: R07-154603**

**Receipt Date: 09/14/07**

Person Information: SIBERIAN HUSKY RESCUE  
 303 CAMEO DR  
 DANVILLE, CA 94526

PID: P128808

Received From:  
 SIBERIAN HUSKY RESCUE

Check No:

Phone: (925) 820-1162

Item	Animal ID	Reference No	Price	Each	Amount
MICROCHIP	A239623	49483B7A20		1	
INTAKE	A239623	T07-131683		1	
INTAKE	A239623	T07-132220		1	
SPAY NEUTER	A239623	T07-132242		1	
RABIES VACC	A239623	3YR		1	

Total Fees Due:

Payments: Cash:  
 Check:  
 Credit Card:

Total Payments Received:

**Thank You!**

Change: \$0.00  
 Balance Due: \$0.00

**Animal Information:**

GUINNESS - A239623 - 1 YEAR 7 MONTHS OLD, NEUTERED, BLACK AND WHITE SIBERIAN HUSKY, DOG

**Treatment Information:**

Name	Animal ID	Date	Treatment No	Treatment Description	Cost
GUINNESS	A239623	08/28/07	T07-131683	DHLPP/F/W/S/B	
GUINNESS	A239623	09/12/07	T07-132220	DHLPP	
GUINNESS	A239623	09/13/07	T07-132242	SPCA	

TOTAL MEDICAL FEES:

**License Information:**

Name	Animal ID	Number	Type	Expires	Vac Date	Term	Vac Expires	Cost
GUINNESS	A239623	49483B7A20	MICROCHIP	09/14/07	09/14/07	0 MO	09/14/07	

TOTAL LICENSE FEES:

**Shelter Hours**  
 Monday, Tuesday, Thursday, Friday, Saturday, Sunday 11:00 am - 6:00 pm and Wednesday 11:00 am - 7:00 pm  
 Kennel Open at Noon Daily  
 Shelter CLOSED All Legal Holidays



# Monterey County Animal Services

Pet Licensing  
 160 Hitchcock Road  
 Salinas, CA 93908

(831) 769-8844 / (831) 769-8845-Spanish

## PET LICENSE APPLICATION

Monterey County Ordinance requires that your dog be licensed by four months of age or within 30 days of acquiring ownership. Please send proof of rabies vaccination. For a discount on license costs, send proof of spay or neuter from your veterinarian. A cat license is available, but it is optional.

OWNER		PET INFORMATION																
NAME <i>Jacob King</i>		NAME <i>Guines</i>																
RESIDENCE ADDRESS <i>5760 Briar Cliff Terrace</i>		COLOR <i>Blk/white</i>	AGE <i>18mo.</i>															
CITY <i>Watsonville</i>	ZIP <i>95076</i>	BREED <i>Siberian Huskey</i>																
MAILING ADDRESS (if different)		<input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED (female) <input checked="" type="checkbox"/> MALE <input checked="" type="checkbox"/> NEUTERED (male) ** Spayed/Neutered: altered, sterilized, castrated or fixed																
PHONE: <i>408-693-9401</i>		MICROCHIP #: <i>494 83B 7A20</i>																
ALTERNATE PHONE:		AMOUNT ENCLOSED: \$ _____																
<b>FEE SCHEDULE:</b> Based on rabies vaccine expiration date. 1 - 12 months = 1 year    12 - 24 mo = 2 years    24 - 36 mo = 3 years  <table border="0"> <tr> <td colspan="2" style="text-align: center;"><u>NOT</u></td> <td></td> </tr> <tr> <td style="text-align: center;">Spayed/Neutered</td> <td style="text-align: center;">Spayed/Neutered</td> <td></td> </tr> <tr> <td style="text-align: center;">\$40.00</td> <td style="text-align: center;">1 Year</td> <td style="text-align: center;">\$10.00</td> </tr> <tr> <td style="text-align: center;">\$50.00</td> <td style="text-align: center;">2 Years</td> <td style="text-align: center;">\$15.00</td> </tr> <tr> <td style="text-align: center;">\$60.00</td> <td style="text-align: center;">3 Years</td> <td style="text-align: center;">\$20.00</td> </tr> </table> <b>CATS:</b> \$10.00                      1 to 3 years                      \$5.00  <b>SENIOR DISCOUNT:</b> \$9 per vaccine term (1-3 years)		<u>NOT</u>			Spayed/Neutered	Spayed/Neutered		\$40.00	1 Year	\$10.00	\$50.00	2 Years	\$15.00	\$60.00	3 Years	\$20.00	___ CHECK Payable to: <b>MCHD</b> (Monterey County Health Department)  ___ VISA/MC Number: _____ Expiration Date: _____ Name: _____ Signature: _____	
<u>NOT</u>																		
Spayed/Neutered	Spayed/Neutered																	
\$40.00	1 Year	\$10.00																
\$50.00	2 Years	\$15.00																
\$60.00	3 Years	\$20.00																
<b>** Seniors:</b> 60 years of age or older - Please include copies of your picture ID and your pet's spay/neuter certificate. Pet(s) must be Spayed/Neutered to receive discount. <b>** Certified Guide/Service dogs:</b> Please call our office.		COMMENTS:																