



**C.A.R.E.S**  
**Dog / Puppy Adoption Agreement**  
**8086 East Timb Circle**  
**Wasilla, Alaska 99654**

1. \_\_\_\_\_, Hereinafter referred to as the dog, is being transferred to the adopting owner with the understanding that the adopter is taking possession of the dog to treat and to be responsible for it as their own loved and cherished dog.
2. I/we will feed the dog at least twice a day and will provide a fresh supply of water at all times.
3. The dog will live inside my home and will not be isolated from the family. I will walk my dog on a leash or exercise my dog in a fenced yard, which must be provided unless waived by CARES. I will never let my dog run loose or roam, keep my dog chained or tied up, keep it continuously in a yard, garage, patio, balcony, or pen, or leave my dog outdoors, even in a fenced yard when no one is at home.
4. I will not have the dog attack-trained nor will I use it for any purpose other than companionship. I will not have the dog's ears cropped nor will I have its tail docked. I will never allow any physical, mental, or emotional abuse of the dog.
5. I will take the dog to a licensed veterinarian when shots are due \_\_\_\_\_ but in no event later than one year from the last vet visit. I will provide all required and/or needed veterinary care, including: rabies shots as required every one or three years; yearly booster shots for DHLPPC; yearly fecal checks for internal parasites (worms); and prompt treatment by a licensed veterinarian for any illness or injury.
6. If not already completed, I will have the dog spayed/neutered by \_\_\_\_\_ and will immediately forward proof to the CARES office. Failure to comply with this requirement will result in the immediate return of the dog to CARES.
7. I/we affirm that no member of my household has been convicted of an animal welfare law violation such as neglect, cruelty, abandonment etc.
8. I will ensure proper licensing of the dog and will attach the appropriate license tags, rabies tag, CARES tag, and personal identification tag to a non-choke collar to be worn at all times. I will ensure compliance with all applicable local and state statutes.

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9. I will not use a choke-type collar at any time, except for training under the guidance of a qualified dog trainer.
10. I am adopting the dog for myself and I agree to not give away, sell, or trade my dog, even as a gift to a friend or family member. I will neither take the dog to a shelter nor abandon the dog. I understand that I must notify CARES, without delay, if I can no longer care for or keep my dog and agree to give CARES reasonable time to re-home my dog or place my dog in an approved foster home, if available. I must notify CARES of any behavioral problems that have occurred at any time before I return my dog and I agree to pay for a professional trainer's evaluation in case of biting or aggression.
11. I agree to accept responsibility and ownership of the dog at my own risk and I release CARES and its agents from any and all liability arising out of possession and ownership of my dog. I agree that I am assuming total financial responsibility for my pet as of the date of this contract. CARES and its agents will not be held responsible for any damages or expenses (veterinary or other) incurred during my ownership of the dog.
12. I agree to take the dog to obedience training classes as a puppy, and/or as an adult. OR to work with the dog to make his/her life the best possible.
13. In the event the dog becomes lost or dies, I will immediately notify CARES. I will also immediately notify CARES of any change of contact information (address, phone number and email address).
14. This dog's known background and medical history have been discussed with me. I understand that CARES has made no representation concerning the health, condition, training, behaviour, or temperament of the dog.
15. This dog is microchipped and registered to the owner for the life of the dog.  
Datamars / PetLink Chip number \_\_\_\_\_  
Contact Number \_\_\_\_\_  
NOTE: As of January 1, 2020, microchips are back ordered due to Covid issues. Upon receipt, the micro chip will be mailed to the owner for insertion.

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Initials: \_\_\_\_\_

Date: \_\_\_\_\_

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16. I agree to permit CARES to make inquiry about and enforce any of the above conditions and requirements at any time after adoption. This can include visits to my home and contact with my veterinarian. I UNDERSTAND THAT FAILURE TO COMPLY WITH ANY OF THE ABOVE PROVISIONS WILL RESULT IN FORFEITURE AND RETURN OF THE DOG TO CARES.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
CARES Representative

\_\_\_\_\_  
Date