Partners for Animal Welfare Society, Inc.

Adopter's Foster Care Agreement



Date	<u> </u>	P.A.W.S.
Name of the Pet	Pet's ID #	
Your Name		
Address	City	Zip
Home Phone ()	Cell Phone ()	
Email Address		
 I understand that Partners for Anima that my adoption of the pet will not be Adoption Agreement. I agree that if I do not make the pet a necessary vaccinations that I forfeit a P.A.W.S. is forced to take legal action reimburse P.A.W.S. for all filing fees incurred by P.A.W.S. to recover physical I understand that P.A.W.S. is responsively, microchip, and deworming to P.A.W.S. to receive those on a time paying for and providing any and including but not limited to month. I agree to provide a P.A.W.S. representative. I agree that I will not declaw this pet I agree to provide P.A.W.S. with upder I agree that the opportunity given to proper legal consideration in exchan. I have read this Agreement in its entirety 	sible for paying for all of the pet's first ye until the pet is spayed/neutered and I agraely basis. I understand and agree that all other veterinary or routine health coly flea and heartworm preventative. entative access to my home and property sion or custody of the pet to any other per the purpose of vet care, grooming, etc. if it's a cat.	legal owner of the pet and and I have signed the final surgery and for any pet. I further agree that if of the pet that I will and any other expenses ar vaccinations, spay/neuter ee to make the pet available to make the pet available to make the pet available to check on the pet. I am responsible for are the pet may need, by to check on the pet. I rson at any time, except for without the consent of a serves as contract.
Signature of Adopter	Deposit Paid	\$

Ck #, Cash, Card_____