



1161 E Dan Street  
Wasilla, AK 99654  
907-202-4226  
info@AlaskaBeagleRanch.org

Dog Adoption Contract Name: (Pet's Name) \_\_\_\_\_

Adopter's name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please make an initial acknowledgment.**

\_\_\_\_\_**You will provide a safe and loving home for your adopted pet that includes food, water, shelter, and adequate veterinary care.**

\_\_\_\_\_**If for any reason I cannot keep my pet for the rest of its natural life, I agree to return to the ABR. NO EXCEPTIONS.**

\_\_\_\_\_**There is a 14-day trial period. If you cannot keep your pet, you may have your full adoption fee returned. After 14 days, your adoption fee is forfeited.**

\_\_\_\_\_**If your pet is found at the Matsu Animal Shelter or Anchorage Animal Shelter, and not claimed by you, ABR is authorized following the MSB AC&R part 5 to reclaim your pet.**

\_\_\_\_\_**I release ABR from any financial responsibility concerning my adopted pet and understand ABR cannot guarantee the health, temperament, or breed of my adopted pet. Your pet had been examined by a veterinarian before adoption and was in good health at that time.**

\_\_\_\_\_**The breed of dog implied to be \_\_\_\_\_ . It is not guaranteed that is the specific breed of this dog. ABR suggests DNA testing to know for certain what the breed is.**

DD \_\_\_\_\_**Your animal has already been altered.**

\_\_\_\_\_**If your pet resides in the Anchorage Borough, or Fairbanks City limits, they are required to be licensed by that borough or city.**

\_\_\_\_\_**Fenced yard required**

\_\_\_\_\_**If you're not the homeowner, a letter authorizing pets is required.**

Adopter's printed name \_\_\_\_\_

Adopter's Signature \_\_\_\_\_ Date \_\_\_\_\_

ABR Rescue Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Fee Amount Collected FOR \$450.00

ABR USAGE Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Microchip (Company & #) \_\_\_\_\_

Veterinary Clinic used while at ABR VCA Far Country Animal Hospital (907)-206-7650