



1161 E Dan Street  
Wasilla, AK 99654  
907-202-4226  
akbeagleranch@gmail.com

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 initial acknowledgement.**

\_\_\_\_\_ 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, I agree to return to Alaska Beagle Ranch. **NO EXCEPTIONS.**

\_\_\_\_\_ There is a 10-day trial period. If you cannot keep your pet, you may have your full adoption fee returned. **After 10 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 in accordance with 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 has been examined by a veterinarian prior to adoption and was in good health at that time.

\_\_\_\_\_ The breed of dog implied is beagle or beagle mix. It is not a guarantee that is the specific breed of this dog. ABR suggests DNA testing to know what the breed is for sure.

\_\_\_\_\_ **NA** I understand that SPAY/NEUTER is mandatory and agree to spay/neuter between 4 and 6 months of age.

\_\_\_\_\_ The spay/neuter has been PRE-PAID and is included in your adoption cost (OR)

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

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

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

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

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

Fee Amount Collected FOR \$400.00 \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Rabies Vx: \_\_\_\_\_ 1st Vx: \_\_\_\_\_

2nd Vx: \_\_\_\_\_ 3rd Vx: \_\_\_\_\_ Pyrantel: 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

3rd: \_\_\_\_\_ Microchip (Company & #) \_\_\_\_\_

Alter (and date if applicable): \_\_\_\_\_