

**West Side Animal League Adoption Application – League Copy**

Pet Name: \_\_\_\_\_  
 Pet ID: \_\_\_\_\_  
 Foster: \_\_\_\_\_

West Side Animal League  
 PO Box 150673  
 White Settlement, TX 76108-0673  
 817-565-8222  
[westsideanimals@gmail.com](mailto:westsideanimals@gmail.com)

Records Provided/Required  
**Pd:** Dog \$175/Cat \$100/Puppy \$200/Kitten \$125  
 Other Animal/Amount: \_\_\_\_\_  
**Circle Pmt Method:**  
 Cash/Check# \_\_\_\_\_/Paypal PCVH Fee Pd: Yes/No

**Adopter Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ D.L. # \_\_\_\_\_ State \_\_\_\_\_

Full Address: \_\_\_\_\_  
 Street Name/Number Apt # City State Zip Code

Email: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

How did you find out about this event or animal: adoptapet/petfinder/friend/facebook/meetup/other: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Current/Previous/Future Client

Will this Animal be: Indoor/Outdoor/Combination Will this Animal be a: Family Pet/Working Dog/Service Animal

What type of outdoor environment will the Animal have access to: \_\_\_\_\_

Rent/Own If Rent: Landlord contact information: Name: \_\_\_\_\_ Phone# \_\_\_\_\_

**Description of Animal:** *(circle any items that do not have blanks for explanation)*

DOG/CAT Breed: \_\_\_\_\_ MALE/FEMALE Age or DOB: \_\_\_\_\_ HW: POS/NEG/UNKNOWN

Color: Brown/Black/White/Grey/Red/Tan/Blonde/Other \_\_\_\_\_ Vaccinations: UTD/Pending Due: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>CHECK ALL THAT APPLY FOR VOUCHER BELOW - Circle approved clinic T-CAP or PCVH (\$25 upgrade fee required)</b>			
<input type="checkbox"/>	FULLY VETTED, NO VOUCHER NEEDED	<input type="checkbox"/>	Rabies
<input type="checkbox"/>	Alter	<input type="checkbox"/>	Heartworm Test (Dogs)
<input type="checkbox"/>	Microchip	<input type="checkbox"/>	DHPP (Dogs)
<input type="checkbox"/>		<input type="checkbox"/>	Bordetella (Dogs)
<input type="checkbox"/>		<input type="checkbox"/>	FelV/FIV Test (Cats)
<input type="checkbox"/>		<input type="checkbox"/>	FVRCP (Cats)

In consideration of West Side Animal League’s (hereinafter called Rescue) relinquishment of ownership and possession of the herein described Animal and other good and valuable consideration provided to:

\_\_\_\_\_ (hereinafter called Adopter) by Rescue, which Adopter acknowledges is good and sufficient consideration. Adopter hereby enters into this agreement and makes the following promises and representations:

**NO WARRANTIES OR REPRESENTATIONS** - Adopter accepts this Animal AS IS and WITH ALL FAULTS and understands that Rescue makes NO WARRANTIES, EITHER EXPRESSED OR IMPLIED, and there is NO IMPLIED WARRANTY OF MERCHANTABILITY as to the Animal. Adopter understands that Rescue makes no representations or promises as to the demeanor, behavior, or temperament of the Animal or whether the Animal has any propensity or tendency to attack, bite, or scratch people or other animals. Adopter understands the Rescue makes no representations or promises to the health, physical condition or medical well-being of this Animal. All Veterinary treatment of the Animal that occurs after the date of this agreement shall be the sole responsibility of Adopter even if the treatment is for a condition that existed before the date of this agreement.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Initials

**INDEMNIFICATION** - Adopter expressly agrees to defend, pay, indemnify, and hold harmless Rescue (and its Officers, Board of Directors, employees, volunteers, and sponsors) from all suits, actions, losses, damages, or liability of any kind all claims of damages, expenses of litigation, court costs, and attorney’s fees for any harm, injuries, damages or death to any person or animal or damages or harm to property arising out of or occasioned directly or indirectly by the Animal.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Initials

**ADOPTER FURTHER AGREES TO AND UNDERSTANDS THE FOLLOWING:**

**SPAY/NEUTER REQUIREMENT** - Adopter understands that according to the provisions of the State of Texas Law, Adopter must have this animal spayed or neutered, at Adopters own expense or with the voucher provided (when applicable), by \_\_\_/\_\_\_/\_\_\_\_. Sterilization of the animal is required under Chapter 828 of the Texas Health and Safety Code and any violation of this chapter is a criminal offense punishable as a class C Misdemeanor. Each day that the animal remains unaltered will constitute a separate offense. Adopter understands requirement to have a licensed veterinarian perform the sterilization for the Animal and return proof of the procedure to Rescue. Adopter understands proof must be returned to Rescue within 10 business days of the Animal being altered. Adopter further understands that Rescue has the authority and requirement to report to the proper authorities any statements made herein that are found to be false or if Adopter fails to comply with the sterilization requirement. If surgery must be postponed past the date provided above, Adopter will immediately contact Rescue at 817-565-8222 and provide the scheduled surgery date. Adopter will contact Voucher approved Veterinary clinic as soon as possible to schedule alter appointment. Texas Coalition for Animal Protection (TCAP) is a low cost clinic and appointments are filled weeks in advance. Parker County Vet Clinic is a full service veterinary office and requires an additional \$25 voucher upgrade fee at the time of adoption. Should the voucher expire prior to the scheduled appointment date, Rescue will be happy to exchange the voucher (must return original voucher) for an additional \$25 processing fee.\* Lost vouchers will be replaced for a \$50 replacement fee.

\*Fee can be waived if appointment is made within 1 week of receipt of the voucher and no appointments are available prior to expiration (Adopter must contact Rescue within the week) or on male dogs who have non-distended testicles prior to expiration. You will need to attend an event with the animal to verify and receive a new voucher. If Adopter does not contact Rescue prior to appointment in this circumstance the additional fees will be Adopter responsibility. Contact Rescue at 817-565-8222 or at [westsideanimals@gmail.com](mailto:westsideanimals@gmail.com) with any questions or to arrange for a new voucher.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Initials

**Essence and Purpose of this Agreement** – The sole purpose, and reason for existence, of this Agreement is to provide a safe, healthful, loving, and permanent home for an animal that is unable to provide for itself. Adopter agrees to respectfully care for the Animal and to provide adequate food, shelter, water, and veterinary care for the Animal. Adopter will keep the animal current on all immunizations and provide all care recommended by a veterinarian including, but not limited to, year round heartworm preventative/prophylaxis.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Initials

**The Animal will have the Appropriate Accommodations and Boundaries** - Adopter agrees that the animal will be an active part of the family unit. The dog will remain indoors or outside in an appropriate enclosure that provides secure containment, room for appropriate physical activity for the size and breed, sufficient shelter/shade, continuous access to water, and access to food. The Animal will not be tethered or chained to any object inside or outside the house. The Animal will be on a leash at all times when the Animal is in a public place where a leash is required by law or in a place where the Animal is required to be under a person’s control.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Initials

**The Animal will be Licensed and Appropriately Vaccinated for Rabies** – Adopter agrees to properly license the Animal and keep the Animal up to date on Rabies Vaccination in accordance with all laws and ordinances of the municipality, county, and state where the Adopter lives.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Initials

**Notification of Loss of Animal** – Adopter agrees to notify Rescue if the Animal is lost or otherwise missing within twenty-four (24) hours after determining that the Animal is lost or missing. Notification will include location and circumstances under which the Animal came to be missing.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Initials

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**Adoption Fee** – Adopter will pay an adoption fee in the amount of \$\_\_\_\_\_ to the Rescue prior to taking possession of the Animal. The adoption fee is refundable, less a \$25 administrative fee, if the Animal is returned to an approved Rescue Representative within 10 days of the signing of this agreement. The administrative fee will be waived if the animal is returned due to a pre-adoption health condition as certified by a licensed veterinarian within 10 days of the signing of this agreement. Any fees incurred for care/treatment provided prior to physical return of the animal to the Rescue will be at the Adopter's sole expense.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Initials

**Microchip Registration** – Adopter will be responsible for maintaining accurate and up to date information with the microchip company that holds the registration. Adopter will be responsible for any registration or maintenance fees incurred after the initial service provided with the adoption.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Initials

**Right of First Refusal** – In the event the Adopter no longer desires to keep the Animal or is unable to appropriately care for the Animal or intends to relinquish possession of the Animal for any reason, Adopter agrees that Rescue will have "first right of refusal" as follows: Adopter agrees that he/she shall give immediate written or verbal notification to Rescue of Adopter's inability to care for or Adopter's intent to sell or give the Animal to a third party (this includes but is not limited to a family member, friend, rescue or humane organization, or shelter/animal control facility). Under no circumstances will the animal be surrendered, donated or sold to a research/medical research facility. The Adopter will allow Rescue a 24 hour period to exercise this right of first refusal. The sole exception to this right is if the animal is surrendered to a municipally licensed facility to meet the legal quarantine requirements in the event of the Animal bite or injury. If the animal is surrendered under this circumstance Adopter will contact Rescue within 24 hours of Animal surrender/seizure. Adopter agrees that the Animal will not be euthanized unless based on the recommendation of a licensed veterinarian as being in the best interest for humane treatment of the Animal. When euthanasia is presented as an alternative solely due to cost prohibitive treatment options, Adopter will make every effort to contact Rescue prior to euthanasia to determine if surrender back to the Rescue is a viable alternative.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Initials

**Default or Breach Results in Forfeiture of the Animal** – Any default or violation of any provision of this Agreement or breach of any term of this Agreement shall be considered a material breach of this contract. Because of the purpose and intent of this agreement as stated above, Adopter agrees that any breach of this Agreement would damage Rescue in a way that could not adequately be compensated by monetary damages. Therefore in the case of breach by Adopter, Adopter shall immediately forfeit ownership and possession of the Animal to the Rescue. In the event of such breach the Rescue shall have the immediate right to reclaim and take possession of the Animal from the Adopter and Adopter hereby agrees that upon such breach he/she shall, upon demand by a board member of the Rescue either in writing or in person, immediately surrender possession of the Animal to a designated representative of this Rescue.

\*Deliberate misrepresentation of intent for care of the Animal or of personal information constitutes a breach of Agreement.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Initials

**Forum Selection/Venue** – Any lawsuit which is brought to enforce this agreement shall be brought in Tarrant County, Texas.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Initials

**Savings Clause** – If any provision of this Agreement is held unenforceable, then such provision will be modified to reflect the parties' intent. All remaining provisions of the Agreement shall remain in full force and effect.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Initials

Adopter of Animal: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Print Name) (Signature) (Date)

Rescue Representative: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Print Name) (Signature) (Date)

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West Side Animal League  
 PO Box 150673  
 White Settlement, TX 76108-0673  
 817-565-8222  
[westsideanimals@gmail.com](mailto:westsideanimals@gmail.com)

Pet Name: _____
Pet ID: _____
Foster: _____

**Adopter Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ D.L. # \_\_\_\_\_ State \_\_\_\_\_

Full Address: \_\_\_\_\_  
 Street Name/Number Apt # City State Zip Code

Email: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Description of Animal:** (circle any items that do not have blanks for explanation)

DOG/CAT Breed: \_\_\_\_\_ MALE/FEMALE Age or DOB: \_\_\_\_\_ HW: POS/NEG/UNKNOWN

Color: Brown/Black/White/Grey/Red/Tan/Blonde/Other \_\_\_\_\_ Vaccinations: UTD/Pending Due: \_\_\_/\_\_\_/\_\_\_

<p><b>ITEMS CHECKED BELOW WILL BE INCLUDED ON VOUCHER</b>                  Rescue Representative – Please check required voucher items notated on League Copy                  Circle approved clinic, draw line through the alternate site: T-CAP or Parker County Vet Hospital*                  *\$25 voucher upgrade fee required for Parker County Animal Hospital Voucher. Can be prepaid or prior to receiving voucher.  <b>You may contact T-CAP at 940-566-5551 to schedule your appointment</b>  <b>PCVH appointments must be scheduled by WSAL</b></p>					
<input type="checkbox"/>	FULLY VETTED, NO VOUCHER NEEDED	<input type="checkbox"/>	Rabies	<input type="checkbox"/>	Bordetella (Dogs)
<input type="checkbox"/>	Alter	<input type="checkbox"/>	Heartworm Test (Dogs)	<input type="checkbox"/>	FeLV/FIV Test (Cats)
<input type="checkbox"/>	Microchip	<input type="checkbox"/>	DHPP (Dogs)	<input type="checkbox"/>	FVRCP (Cats)

- ✓ Retain this copy for proof of ownership.
- ✓ Please text 817-371-0394 to schedule vaccinations, confirm alter appt, request your voucher, or with other questions. **Include your name, pet name (original and current) and age on all texts please.**
  - Please schedule vaccinations 1 week prior to due date
  - Alter appt confirmations should include date and location of scheduled appointment.
  - Please request voucher at least 2 weeks prior to appointment.
- ✓ Alter must be completed by \_\_\_/\_\_\_/\_\_\_.
- ✓ Confirmation of alter and microchip information must be returned to Rescue within 10 days of alter:  
 West Side Animal League - PO Box 150673 – Ft Worth, TX 76108-0673 or [westsideanimals@gmail.com](mailto:westsideanimals@gmail.com).

Additional Notes:

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Adopter acknowledges they have been informed of and have agreed to the below items that were included in their West Side Animal League Adoption Application.

\_\_\_\_\_ Adopter Initials \_\_\_\_\_ Rescue Representative Signature

\_\_\_\_\_ Rescue Representative Printed

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