H.E.A.R.T

helping every animal rescue team PO Box 322, Decorah, IA 52101 www.heartrescueteam.com heartrescue2016@gmail.com 563-202-0140

Cat() Dog()	Stray() Surrender()		
Animal Name:	Animal Age:		
Animal Sex: Female() Male()	Animal Spayed/Neutered: Yes() No()		
I agree that I will not sell, give away or otherwise disposauction, institute or any other entity for any reason. If pet, I agree to first contact H.E.A.R.T and give them the NOTE THAT WE ARE A SMALL FOSTER BASE YOUR DOG OR CAT, YOU WILL FIRST NEED ONLY IF A FOSTER HOME IS AVAILABLE CAENCOURAGE YOU TO SEEK HELP, ADVICE OF REHOMING.	se of said animal to any person(s), dealer, retailer, at a later date I am unable or unwilling to keep this ne option to reclaim said pet at no charge. PLEASE E RESCUE. IF YOU CHOOSE TO REHOME TO SUBMIT A SURRENDER FORM AND N WE TAKE IT BACK. WE STRONGLY		
I agree to spay or neuter this pet at 6 months of age above described pet in a humane and responsible mann shelter, food, water and veterinary care. I further agree my property and shall not be allowed to roam freely. I with identification tags at all times.	ner and to provide it with clean and adequate that said pet shall reside inside my home and on		
I agree that the adoption fee helps to cover the current animal and is not refundable after a trial period of 14 dupon adoption. I understand and agree that H.E.A.R.T or implied, about the above mentioned animal's temper future damages or injuries caused by said animal.	ays. Proof of veterinary work will be provided makes no representations or warranties, expressed		
Adoption Fee:\$			
Adopter Name:			
Adopter address:			
Ph: email:			
I certify that all statements made by me on this adoptic current owner has the right to confiscate the above des by me are found to be false and/or my check for the ad	cribed animal in the event that any statements made		
Adopter Signature:	Date:		
Witness Signature:	Date:		
I wish to make an additional donation for the following	g amount:		