

Medical Pre-Adopt Treatment

Thank you for adopting your new family member from Austin Pets Alive! Your new pet has been diagnosed with the following condition and will need further treatment from a vet for such condition:

_____ I elect to do the necessary treatment/surgery with my own vet. I agree to send records of such treatment/surgery within the next 3 months.

_____ I will be pursuing treatment/surgery with Austin Pets Alive!

_____ I understand the following about the treatment: Austin Pets Alive does not provide state of the art medical procedures or elective diagnostic tests (including bloodwork) prior to treatment/surgery.

_____ I understand that I am contractually obligated to complete my adopted pet's treatment with Austin Pets Alive.

_____ I understand that the pet I adopted from Austin Pets Alive! is not considered mine until after I have completed the treatment.

_____ I understand that I am expected to be compliant with treatment plans as well as proactive in the treatment and recovery of my pet. If I am not, I understand that Austin Pets Alive! representatives can take my pet back and cancel this adoption.

_____ I understand that if I miss my scheduled appointments with Austin Pets Alive! medical clinic for my pet's treatment, Austin Pets Alive! representatives can take my pet back and cancel this adoption.

_____ I understand that long term follow up and care will be my responsibility and Austin Pets Alive! will not be held liable for complications.

_____ I understand that Austin Pets Alive! is only treating my pet for the specific noted problem and that if any other illnesses, prevention, or wellness exams are needed they must be done with my personal vet.

The medical staff will review each step and answer any questions you have as the treatment progresses. **As soon as you adopt an animal needing ongoing treatment or a future surgery, you should contact the medical clinic** and we'll help get your pet's treatment started, or continue treatment if s/he has already started meds. Your pet must have an appointment to be seen at the clinic. We can be reached at **512-466-0720, or medicalreception@austinpetsalive.org**.

I have read and understand the above information regarding medical treatment of my newly adopted animal. Additionally, I acknowledge that it is my responsibility to contact APA within 30 days, or sooner if the vet has given a date, of adoption to schedule treatment.

Adopter: _____

Adoption Counselor: _____

Date: _____

Counselor: send a copy of this form home in adoption packet, fax and attach signed original to contract.