



Animal House Sanctuary
We don't just find homes, We find Families
Pup Date Care & Services Agreement



I _____ shall care for Animal House Sanctuary dog(s) as identified and described below for the time period beginning _____ until _____.

CARE & SERVICES. The care and services under this **AGREEMENT** consist of the following responsibilities.

I _____ agree to take a dog(s) on a pup date. I am responsible for the dog(s) and the public/community safety while in my care. Pup dates can consist of a few hours, a day, an overnight stay, a weekend stay or however long the pup date is approved for. Duration must be approved by Cynthia Casiano. I agree to return the dog to Animal House Sanctuary safe in the same conditions received and with all items/supplies needed for the pup date. I understand a pup date is not the same as an adoption and does not guarantee I am approved to adopt this dog(s) or adopt any dog from Animal House Sanctuary. I agree to all the terms above.

Dog Name(s): _____ Dog(s) Age: _____ Dog(s) Gender: _____

Dog(s) Description: _____

Dog(s) Breed: _____

Dog(s) Condition: _____

Dog(s) Behavior History: _____

Dogs(s) medication: _____

Feeding & Special Instructions: _____

EMERGENCIES: If there is an emergency, I will make reasonable effort to first contact Animal House Sanctuary (Cindy) 609-992-6649 or 260-530-1953. If AHS representative (Cindy) is unable to be contacted, I will contact the following Individual Hugo Beltran 260-665-1844 & Vet. Dr. Gupta @ 260-238-8171 or 260-432-5525, Aboite Animal Clinic, 4142 Covington Rd, Fort Wayne, IN 46804.

Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell#(s): _____ Home#: _____

Please add a picture ID (No Exceptions)

Signature: _____

AHS Representative Signature: _____