



Fees	
Meds	
E-Collar	
6 HWP	

MEDICAL CARE AGREEMENT

*Attached to this sheet is a summary of medical care that this pet has received while at AAC.

Animal ID# _____ **Pick-up Date** _____
Person ID# _____

I understand that...

- The attached record **does not guarantee** that this animal is free from, or that it will not develop a contagious disease or other medical or behavioral problems.
- This pet **may or may not have been seen by an Animal Center Veterinarian.**
- After adoption, all medical care for this animal **must be provided by you and your veterinarian, at your expense.** Your veterinarian may recommend additional vaccinations, testing, and/or treatments.

MEDICAL/BEHAVIORAL ADDENDUM

I have been informed of the following information about the animal I am adopting:

- ❖ **Due date for animal's next rabies vaccination will be provided. If animal is too young for the vaccine, a date will be provided estimating when animal will be old enough, approximately 12 weeks of age.**
- ❖ **Date will be provided for last DA2PP or FVRCP vaccination given. Speak with your veterinarian about when the next vaccination is due.**
- ❖ **Date will be provided for last Bordetella or CVR vaccination given. Speak with your veterinarian about when the next vaccination is due.**
- ❖ **Due date for animal's next dose of monthly flea/tick/heartworm prevention will be provided.**
- ❖ **Test results for heartworm or FeLV/FIV will be provided.**

I agree to the following terms and conditions:

_____ I, , will take the pet to my veterinarian as soon as possible, no later than **TEN DAYS** after adoption (within **FIVE DAYS** if the pet recently had surgery), and obtain, at my expense, the evaluation and treatment needed by the pet.

_____ If the problems are more extensive or unmanageable than previously diagnosed, I, , will either:

1. Return the pet to the shelter, along with any medical or training records for the pet, or
2. Keep the pet and provide, **at my expense**, the veterinary care or training/management recommended by a professional to address the medical or behavioral issue.

_____ I, , understand that the above medical/behavioral issue(s) may be contagious or present a risk to other pets and/or people. I will do my best to *prevent* others from being impacted by my new pet's issue(s) and take responsibility for any veterinary or medical care that may be needed by a third party as a result of my causing or allowing this issue to impact someone else or their pet (examples: contagious disease, aggression or bites).

_____ I, , understand that the above list may not include **all** health or behavior problems that are present or may develop in this animal, only those that have come to the attention of AAC staff.

*I have read and understand this **MEDICAL CARE AGREEMENT & ADDENDUM:**

Printed Name & Signature _____ **Date** _____

Please feel free to e-mail us at animal.customerservice@austintexas.gov with any questions or comments!