

DOG NUMBER:	
CHIP NUMBER:	
PASSPORT NB:	

ASSOCIAÇÃO ANGELS BRIGADE

STATEMENT OF RESPONSIBILITY SIGNED BY ADOPTER

ADOPTION DATE	≛:	
ADOPTANTE	Name	
	Adres	
	I.D.	
	Mobile	
	Email	
	NIF	
the following: - Allow a menthe animal is well Feed and hore - Take the animality account that I Adoption Dogenous equalibrians Do not use the by medical methods to ption form area of residented area of residented and the control of the con	nber / employell adapte use the animal out regate the posses will only has Portugal ified prevente animal fethods (pill or the animal ory to notificate of the kanimal of the animal of	gularly. Isolard the animal, except in circumstances where I cannot keep it, and taking into and it over to a person / institution, about whom I have good references, informing in advance where the animal will go. Intive veterinary treatment (vaccination, deworming) and in case of injury or suspected for reproductive purposes. Birth control - by definitive methods (OVH or castrations), is / injections) or by behavioral methods (arrest / isolate the animal), knowing that the l and for the owner, is the definitive method. Yellow Adoption Dogs Portugal, Angels Brigade Associação and the Parish Council of the teeper within a maximum period of 5 days, if the animal is lost, disappears or dies.

SIGNATURE:

COMPLETE NAME: