

Rota Animal Welfare League
UNIT 50085 BOX 2055
FPO AE 09645
11530 Rota Naval Base
Cadiz
Tel: 638 316 658
rawlpets@gmail.com
www.rawlpets.com



TO WHOM IT MAY CONCERN

_____ (*New Owner*) adopted _____ (*Pet Name*)
_____ (*Chip Number*) from Rota Animal Welfare League (RAWL) on _____ (*Date*)
and is now the authorized owner of this animal.

Signed

Signed

On behalf of RAWL

New Registered Owner



Adoption Form - Two week Trial

You must have at least six (6) months left before you PCS in order to be able to adopt a pet from RAWL. Our goal is to find the best permanent home possible for our pets. If you choose to adopt you will be responsible for the following;

- Updating the current microchip information in RAIA (*Registro Andaluz de Identification Animal*) and registering the animal with Rota branch Veterinary Treatment Facility.
- Annual vaccinations of Rabies and DA2PP (Distemper)
- Monthly Flea/Tick preventative (inc. against Leishmaniosis) (*Advantix; Scalibor collar*)
- Monthly Heartworm preventative (*Cardotec*) or annual Injection (*Available at a Spanish Vets office*)
- Annual worming (minimum requirement)

Please be aware that RAWL reserves the right to keep all fees if the animal is lost or stolen during the two week trial period. RAWL also reserves the right to keep all fees if the animal is returned after five (5) working days post the end of your two week trial period.

If the animal requires any medical care or is lost during the two week trial period you must contact a RAWL board member via the duty phone (638 316 658) immediately.

Sponsor's name: _____ Dependents name(s): _____

Rank: _____ Command: _____ PCS Date: _____

Work #: _____ Home #: _____ Cell #: _____

Mailing Address: _____

Home Address: _____

Email address: _____

1. Do you have children? **YES/NO** If so, what are their ages? _____
2. Have you owned a dog or cat before? **YES/NO**
3. What happened to it? _____
4. Do you have any pets now? **YES/NO** If so, what type? _____
5. Does your housing arrangements allow pets? **YES/NO**
6. Why do you want to adopt an animal? _____
7. Who will be primarily responsible for the animal? _____
8. Where will the animal be kept? _____
9. How would you deal with typical dog/cat behaviors (digging, scratching, biting and jumping)?



Please initial by each statement to show that you have read and understood the statement:

_____ I understand that it is my responsibility to maintain required annual vaccinations.

_____ I understand that it is my responsibility to correctly register the pet and its microchip with the RAAIA and Base Vet facility (within 5 working days of end of trial)

_____ I understand the expenses involved in maintaining proper veterinary care.

_____ I understand the cost and importance of heartworm preventative.

_____ I understand the cost and importance of flea/tick preventative (inc. against leishmaniosis).

_____ I have the time to properly care for this animal.

_____ I understand that some animals can be destructive and require more attention.

_____ I am committed to taking this animal with me when I PCS.

_____ I understand there is significant cost and planning involved when PCSing with an animal.

Animal's name: _____ Type: _____

Microchip number: _____

Trial Begins on: _____ Trial Ends on: _____

Sponsors Signature: _____ Date: _____

RAWL Board Member's Signature: _____

Date: _____

For Office use only:

Paid: _____ Cash/Check

Items Borrowed: _____

Items returned: _____ Date: _____

Form B and microchip letter given to adopters: **YES/NO**

Passport given to Adopters on return of Form B: **YES/NO** Date: _____



I _____ will be finalizing my adoption of _____ microchip number _____ from Rota Animal Welfare League (RAWL) on this day, _____. I hereby state that the registered owner information held within RAI A (*Registro Andaluz de Identificación Animal*) is updated to my details. I understand that by doing so I am fully responsible for the health, safety and well-being of this animal.

I have registered my animal with the Rota Base Vet facility and will comply with all NAVSTA ROTA instructions and regulations. I understand that before I PCS on the estimated date of _____ and in order for my check out to be completed I will need to clear all medical records from the Rota Base Vet facility.

Owner's signature: _____

Name: _____ Date: _____

Command: _____ PCS Date: _____

Work #: _____ Home #: _____ Cell #: _____

Veterinary's Signature: _____ Date: _____

Veterinary Clinic Name: _____ Phone # _____

Please return this completed form to RAWL at the end of your two week trial period on _____.

Along with any borrowed items. On receipt RAWL will hand over your pet's passport.

RAWL reserves the right to contact your command five (5) working days post the end of your two week trial period if this form has not been returned.

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Web: www.rawlpets.com