

may be limited, especially for new intakes. Medical needs/diagnoses are fluid and subject to change at any time.

By signing below, I am acknowledging that I have been counseled on the above by APA! Staff and agree to all of the expectations that the APA! Medical Team has set forth.

APA! Representative _____ Date _____

Foster/Adopter Print Name _____ Signature _____

Additional Medications:

Additional Veterinary Recommendations: