

# DISCLOSURE STATEMENT

Date

In accordance with the Shelter and Rescue Regulations 330 CMR 30.09(2)(d) the following is a statement describing all known medical and behavioral issues pertaining to the animal described below.

Prior to placement shelters/rescues must provide a prospective adopter with a Disclosure Statement and a partial animal record, consisting of at least the information required under 330 CMR 30.11(2)(a) through (m), as applicable.

Rescue  
Name

License  
Number

Telephone

Address

Email

Animal  
Name

Microchip, Tatoo, Other Identification Number

Species

Date of Birth or Age

Breed

## CONDITIONS DISCLOSED

Medical  
Not Infectious or Contagious

Medical  
Chronic Infectious or Contagious

Behavioral

Description of Condition

## Disclosure Statement, Required Veterinarian's Good Faith Estimate and Agreement Received By

Name

Telephone

Address

Email

Signature

Date

Pursuant to 330 CMR 30.09(3),(4) Adopter must sign an agreement for maintaining an animal diagnosed with a chronic infectious or contagious disease or known behavioral issues that pose a safety risk to humans or animals.

**Required Veterinarian's Good Faith Estimate, Individual Animal Record and Agreements  
Must Be Attached To This Disclosure Statement**