

CALL CINDY SVITAK FOR ALL ADOPTIONS – 856.655.7054

YOUR OWN CAT MUST BE UP TO DATE ON SHOTS !

Hi, you are interested in adopting a cat or kitten! Congratulations. Kittens/cats are very good company, they will be your lifelong friend. They do have needs though, like anyone else. They need love, food, water, a bed, a clean litter box and plenty of toys and regular vet visits!

Please answer the following questions if you are interested in adopting a kitten or a cat.

- When you take your kitty to the vet, always take a stool sample with you, no stool testing has been done. The kitten/cat has been dewormed and/or deflead per veterinary record attached, if applicable. Please take cat/kitten to your vet for health check as soon as possible, though kitten has had basic vetting, it can still possibly have hidden illness or disease your vet should check for. Some of these diseases may possibly be transmissible to people or other pets.
- **Even though your kitten/cat was tested for leukemia/aids – it is best to have them retested at 6 months for a true result. Sometimes you may get a false negative or false positive when testing young kittens. Vaccinations given but no warranty or guarantee of health or freedom from disease state is implied.***

YOUR CAT MUST LEAVE IN A CARRIER UPON ADOPTION FROM STORE

****PLEASE TAKE YOUR MEDICAL RECORDS HOME WITH YOU FROM STORE AND KEEP FOR LIFE OF THE CAT**

TODAY'S DATE:

YOUR NAME:

PARTNER/SPOUSE'S NAME: _____

WHERE WAS YOUR CAT RESCUED FROM (PLEASE ASK CINDY) AND FILL IN BLANK:

FOSTER MOM or FROM STORE?:

KITTEN/CAT AGE:

KITTEN/CAT COLOR/SEX:

ADDRESS and PHONE NUMBERS:

YOUR PLACE OF EMPLOYMENT:

PHONE NOS. AND EMAIL ADDRESS:

YOUR VET NAME AND TELEPHONE NUMBER:

1. How many people live in your household?

2. Are their small children, is anyone allergic?
3. Where will you keep the kitten/cat?
4. Where will the kitten/cat stay when you are not at home?
5. Where will the kitten/cat sleep? A kitten/cat will most likely want to cuddle up with you at night when you go to bed, how do you feel about that?
6. Will you declaw your kitten/cat?
7. Will you let your cat outside?
8. Do you live in an apartment?
9. If so, you must have landlord approval, please provide landlord's phone number and name.
10. If you go on vacation, who will watch your cat/kitten?
11. How many hours a day will your pet be alone?
12. If your pet becomes ill, how will you seek medical attention for it?
Can you afford?
13. Do you own any pets now, how many and what kind ARE THEY UP TO DATE ON SHOTS? _____

Cat(s) Name:
Dog(s) Name:
14. Where will your cat live most of its life, and will you expect it to kill mice?

WHAT HAS HAPPENED TO ANY ANIMALS YOU HAVE OWNED IN THE PAST?
15. Have you ever surrendered a pet to an animal shelter?
16. Can you provide 2 personal references (names and phone numbers) that would say that you would be a good adopter?
17. Due to the economy, do you feel you financially able to take care of your new pet?

CATS CAN LIVE 20 YEARS IF IN GOOD HEALTH, ARE YOU PREPARED TO GIVE THIS CAT 20 YEARS OF YOUR LIFE? IF NOT, DO YOU HAVE A BACKUP TO TAKE THE CAT IN THE EVENT OF AN EMERGENCY?

THAT PERSON'S NAME AND PHONE NUMBER:

18. What would you do if your cat got outside? _____

** OUR CATS ARE ALWAYS RETURNABLE TO US FOR ANY REASON YOU CANNOT KEEP YOUR CAT (no refunds). PLEASE DO NOT TAKE CAT TO A SHELTER EVER.

**DO YOU FEEL YOU LIVE IN A SAFE NEIGHBORHOOD? _____

** OUR ADOPTION FEE (\$) non refundable includes SPAY/NEUTER; VACCINATIONS; RABIES; *IF YOUR CAT BECOMES ILL AFTER ADOPTION IT IS SOLELY YOUR RESPONSIBILITY TO PROVIDE VETERINARY HELP. Cat appears in good health at this time. AGREED: _____

Your Signature assignee

No other guarantee of health, temperament or warranty exists. This pet is transferred in AS IS condition as above. It is your our responsibility to take to vet upon adoption for exam. (see vet records attached). Private pet health insurances are available and recommended for you to purchase.

WHEREAS, THE ASSIGNEE (signature above) **his/her spouse, family, heirs and legal representatives, EXPRESSLY RELEASES AND COVENANTS TO HOLD HARMLESS THE RESCUE ABOVE,* from ALL CLAIMS he/she ever had, or now has or may have involving or related to the feline personal property described above. In addition, ASSIGNEE EXPRESSLY RELEASES AND DISCHARGES THE RESCUE, it's *volunteers, representatives, as well as their heirs, from all claims, demands, actions or judgments and exclusions arising out of said claim. _____INT.

For rescue use:

ID check _____ DL# or other verification _____

Tested _____, Vaccines _____, Rabies _____, Spay /neuter completed _____

See records given for proof of veterinary care done, test, vaccines, spay/neuter if applicable

Addendum: If adopter waives spay/neuter provided by rescue and wants to take to own vet to get done at their own expense please read sign below. Otherwise unspayed/neutered cats need to be returned to rescuer to take to clinic to be done when scheduled /arranged by rescue time To be determined (Cindy will call you). All cats required to be spayed /neutered (at future time if too small now).

If waive spay/neuter provided :

I _____ waive spay/neuter rescue provides I will spay/neuter the above cat(s) at my own vet (vets name and #) _____ and will provide rescue with written proof from vet within 60 days.

Spay/ neuter provided free by rescue/clinic as part of adoption package unless refused by adopter.