

# ADOPTION CONTRACT

CATS ARE PEOPLE TOO! CLUB, INC.

WWW.CATSAREPEOPLETOO.ORG

Cats Are People Too! Club is dedicated to helping abused, lost, stray, and homeless cats and kittens. Since many cats and kittens come into our shelter as starved, abused creatures, we must carefully consider and monitor potential adoptive homes. This form is not intended to be invasive, but please consider that we must make sure that the adopter will be a good match for one of our cats or kittens. Please note that all of our cats are adopted with the understanding that they will be **indoors~only** animals.

Before your adoption will be approved,

We reserve the right to:

Contact your veterinarian and the reference you provide on the contract.

Contact your landlord {if you rent your home} for approval.

Schedule a home visit or telephone interview.

**We reserve the right to decline any adoption request.**

Questions? ~~ Concerns? Call 330 372 6134

NAME OF CAT YOU ARE INTERESTED IN ADOPTING: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Do you \_\_\_ own or \_\_\_ rent your home?

Are animals allowed? {If you rent} \_\_\_\_\_

If you rent: landlord's name \_\_\_\_\_

Landlord's phone number \_\_\_\_\_

Best time to call \_\_\_\_\_

DATE \_\_\_\_\_

**FOR CATS ARE PEOPLE TOO! USE ONLY:**

<b>ADOPTION DATE:</b>	<b>CAT'S NAME:</b>	<b>AGE:</b>	<b>SEX:</b>
<b>DESCRIPTION:</b> (HAIR COLOR, LENGTH, ETC.)			
<b>MEDICAL HISTORY</b>			
<b>FELV/FIV:</b>	<b>1st VACCINATIONS:</b>	<b>BOOSTERS:</b>	
<b>RABIES:</b>	<b>RABIES TAG #:</b>	<b>SPAY/NEUTER DATE:</b>	

Number of children at home \_\_\_\_\_ Ages \_\_\_\_\_

Other animals currently living at home? \_\_\_\_\_

Types and ages \_\_\_\_\_

Are all of these animals spayed /neutered? \_\_\_\_\_

If 'no', please explain: \_\_\_\_\_

Name of veterinarian \_\_\_\_\_

Phone number \_\_\_\_\_

Personal reference \_\_\_\_\_

Phone number \_\_\_\_\_

Best time to call \_\_\_\_\_

How many hours per day will this cat/kitten be left alone? \_\_\_\_\_

In the past five years, have you lost or given away a pet? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

If you move in the future, what provisions will you make for your pet?

Is there is any additional information you would like us to have? Please explain:

How did you hear about us? \_\_\_\_\_

***Make sure you have a litter box and a cat carrier. We do NOT advocate carrying cats without a carrier as they can be easily startled and escape. Make sure, if you do not already have a veterinarian that you contact one for future visits.***

Please carefully read each item below and initial each one to show that you agree to its contents. If you have any questions, please ask them before signing. {Note: If you downloaded this agreement from the internet, please initial and sign in the presence of a C.A.P.T. staff member.}

1. I understand that Cats Are People Too! {hereafter referred to as C.A.P.T.}, unless otherwise specified, have provided said cat or kitten with all necessary vaccinations and that said cat is spayed {female} or neutered {male}. If said cat has not been spayed or neutered, I understand that my adoption fee covers spaying or neutering and that I will keep the appointment made for me to have the cat/kitten spayed/neutered. \_\_\_\_\_

2. I understand that, even though vaccinations have been given and health checks made, said cat/kitten may experience health problems in the future that have not yet been detected. I agree to provide said cat/kitten with any and all necessary veterinary care in such an event. However, I also understand that if said cat/kitten displays major health problems within fourteen {14} days after adoption, I may return the cat/kitten to C.A.P.T. and receive a full refund of adoption fees. \_\_\_\_\_

PLEASE NOTE: If the cat/kitten requires veterinary care within the first fourteen (14) days, appointment must be made with an approved C.A.P.T. veterinarian (except in the case of an emergency). The name and phone number of this veterinarian will be supplied at the time of adoption.

3. I agree to provide vaccinations and other necessary, routine veterinary care in a timely manner and when required. If ill or injured I will obtain immediate veterinary care. \_\_\_\_\_

4. I understand and agree that said cat or kitten is to remain an **indoors-only** animal throughout its life. \_\_\_\_\_

5. I agree to be personally responsible for humane care of this animal. \_\_\_\_\_

6. I agree to allow a staff member to conduct a post-adoption follow-up home check or telephone interview. \_\_\_\_\_

7. I understand that if a post-adoption visit shows that I have neglected or abused said cat or kitten in any way, C.A.P.T. has the legal right and authorization to remove said cat or kitten from my home. \_\_\_\_\_

8. I understand that said cat/kitten may take at least two weeks to adjust to its new home and surroundings. I agree to allow for this adjustment period. \_\_\_\_\_

9. **I agree to contact C.A.P.T. in the event I can no longer care for the pet I have adopted.** I further agree that if I am advised to euthanize a 'problem' animal I will contact C.A.P.T. before taking any action. \_\_\_\_\_

10. I understand that the adoption fee is \$100.00 for kittens and \$85.00 for adults. **UNFORTUNATELY, C.A.P.T. CANNOT ACCEPT CHECKS OR CREDIT CARDS; CASH OR MONEY ORDER ONLY.** I understand that I am not purchasing a cat/kitten, but making a donation that helps pay for veterinary care that this cat/kitten has received. \_\_\_\_\_

11. I understand that kittens must be at least twelve {12} weeks of age before C.A.P.T. will consider their adoption. I further understand and agree to C.A.P.T.'s policy of not adopting kittens less than eight {8} months old to families with small children. I understand that the reasons for this policy include possible injury to the kitten or to the children, and I will not adopt a kitten less than eight {8} months old if I have young children living in my home. \_\_\_\_\_

This form must be signed and dated before a C.A.P.T. staff member and is a legally binding document.

Adopter's printed name \_\_\_\_\_

Adopter's Signature \_\_\_\_\_

Date signed \_\_\_\_\_

C.A.P.T. Staff member's printed name \_\_\_\_\_

C.A.P.T. Staff member's signature \_\_\_\_\_

Date signed \_\_\_\_\_

### **Staff Use Only**

Date application received \_\_\_\_\_

Deposit received? \_\_\_\_\_

Date veterinarian called \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Date reference called \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Home visit/telephone interview? \_\_\_\_\_ Date \_\_\_\_\_

Application approved/Rejected? \_\_\_\_\_

If rejected, explanation \_\_\_\_\_  
\_\_\_\_\_