ADOPTION CONTRACT

Applicant name:	SSN/license #:		
Address:			
City, state:	Zip:	Zip:	
Home phone:	Work phone:	Work phone:	
Home e-mail:	Work e-mail:		
Veterinarian:			
Regarding the cat described as follows:			
Name of cat:	Tracking/med record #		
Age:	Sex:		
Breed/color:	Description:		
The prospective caregiver agrees:			
1. Cats are to live in a private residence	e as companion animals.		
2. To provide the cat with sufficient qu	antities of nutritious food and fresh water e	each day.	
3. Never to strike or otherwise harm th	e cat.		
4. Never to have the cat declawed.			
	ive months of age. If cat is not spayed or neoriginal caregiver within 30 days of the pro		
6. To ensure that the cat's vaccinations upon sickness, disease or injury.	for rabies and distemper are current and to	provide veterinary care	
7. To give the original caregiver visitation being observed.	on rights to ensure that the terms of this ad	option agreement are	
over to a humane society, shelter or pe	ny reason by the prospective caregiver, s/he erson, but must return the cat to the Adopte er is no longer operative, the caregiver will reer.	ee. If the phone number	
	the foregoing agreement will constitute a k authorize the original caregiver to reclaim p		
	original caregiver agrees to allow the prosp	ective caregiver to adopt the	
above mentioned cat. This agreement	was executed at City	 State	
ADOPTER	ORIGINAL CAREGIVER		
SIGNATURE	SIGNATURE		
DATE	DATE		