## Cat Adoption Application/Contract

A Beacon of Hope for Homeless Animals 596 Hathaway Road New Bedford, MA 02740	CAT ADOPTION	APPLICATION			
Name:	E-mail:				
Primary Phone #	Secondary Phor	Secondary Phone #			
Spouse/Partner/Roomm	ate's Name:	Phone #:			
Address:					
City:	State:	Zip:			
How did you hear about i	us? □Newspaper □Flyer □Facebook □	Web Site □Petfinder □Other			
life of the animal. Please selecting an animal that w Name of the cat you are If you do not have a spe	ownership requires a commitment to provide ca carefully read and fill out this adoption applicat vill be a good fit for your family situation. • interested in adopting cific cat in mind, what type of cat are y size, gender, breed, cat and/or dog frie	ion to help us help you in you interested in adopting?			
Do you currently live in Do you 🛛 Own 🗌	a □ House □ Condo □ Aparl Rent □ Lease □ Other ?	tment			
If you do not own your h	ome, please list the landlord's name a	nd phone number below:			
Name:	Phone #				
How many adults live in	l at your current residence? your home? How many cl cable:	hildren?			
Is everyone in your hou	sehold agreeable to adopting a cat? $\Box$	Yes 🛛 No			
Does anyone in your ho	usehold have allergies? $\Box$ Yes $\Box$ N	lo			
Where will your cat be k	ept? 🗆 Indoors Only 🛛 Both Indoor	s & Outdoors 🛛 Outdoors Only			
Do you plan on declawi	ng your new cat? 🗆 Yes 🛛 No				

Do you cu	irrently have do	ogs? [	□ Yes □	No Do ye	ou currently have cats? 🛛 Yes 🗌 No
Are all of	your animals u	p to da	te on vaco	inations?	Yes 🛛 No
Veterinar	ian's name & p	hone #	ŧ:		
	-		-		ne past 7 years even if you no longer have
					on the back of this sheet if necessary.
Type of Animal	Name	Age	Male or Female	Spayed or Neutered	Do you still have this animal, and if not, what happened to him/her?
		l not sor	aratod fra		∣ als if needed at first? □ Yes □ No
-		•		-	
Have you	ever surrende	red an	animal to	a shelter? $\Box$	Yes 🛛 No
lf yes, ple	ase explain (co	ontinue	e on back if	f needed):	
Have you	ever had a pet	eutha	nized? 🗆	Yes 🗆 No	
lf yes, ple	ase explain (co	ontinue	on back if	fneeded):	
Please list two personal references (not relatives): Name:Phone:					
Email Addr	ess:				
Email Addr					
Please call	l your veterinaria	an, lano	llord and re	eferences to le	them know we will be calling.
is \$150.00,		5 years	of age, it is		e cat's veterinary care. For kittens the fee includes spay/neuter, vaccinations, FeLV
that they a Animal She or liability, damages, Adopter, o and partice	nd each of them elter and any oth their heirs, adm costs, expenses r to any other pe ularly on accoun	foreve ler pers linistrat , loss o erson o lt of the	r release, d son, firm, or tors, execut f services, a r entity, aris conduct, a	ischarge and o organization tors, successo actions and ca sing out of any ictions, adoptio	at in consideration of the receipt of this cat, covenant to hold harmless Lighthouse charged or chargeable with responsibility rs, and assigns from any and all claims, uses of action belonging to the said act or occurrence from the present time on and/ or recovery by Lighthouse Animal
	the dog identifie				
					, agree that ect as written, and I authorize
	e Animal Shelt		-		
-			•		Date:
Lighthous	e Animal Shelt	er Rep	o.'s Signatı	ure:	Date:

Lighthouse Animal Shelter

Cat Adoption	Application/	'Contract
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## CAT ADOPTION CONTRACT

I agree to adopt	Date of Birth (approx.)			
Description:	Gender:	□Neutered Male	□Spayed Female	
Next vet visit due	For			

Lighthouse Animal Shelter (hereby referred to as L.A.S.) has discussed with me the pet's behaviors and habits. L.A.S. makes no representation or warranties whatsoever regarding this pet's condition or behavior. I hereby release L.A.S. from any and all loss, damage, expense, claim, or cause of action arising out of or relating to this pet or to any of L.A.S.'s efforts to facilitate the rescue and adoption of this animal.

L.A.S. has given me a record of this pet's medical history as known. I understand that this pet has received veterinary care through the L.A.S. adoption program, but undiagnosed conditions sometimes exist.

I agree to provide the care and attention necessary to ensure this pet's health and well-being including:

-good quality food and fresh water

- -indoor shelter
- -all routine and emergency medical care
- -routine exercise

I represent that I am adopting this pet as a companion and a personal pet. I will maintain this pet at my primary residence listed below. I will inform L.A.S. if I move from the address as stated prior and can no longer keep the pet.

I agree to obey any applicable vaccination laws and obtain and maintain licenses and permits related to this pet as required by law.

I agree to allow a representative of L.A.S. to visit my residence at a reasonable time to assure the terms of this contract are being followed.

I understand that noncompliance of any provision of this contract will constitute a breach of contract and L.A.S. shall have the right to demand the immediate return of this pet.

I understand that this is an adoption contract and not a contract for the sale of this pet. The contract and the application I submitted to L.A.S. constitute the entire contract for the adoption of this pet, and no prior representations or agreements are of any force and effect unless incorporated herein.

I represent that I am at least 21 years of age and I have read this entire contract and understand all of the representations and conditions.

Signature:			Date:
L.A.S. Representative Signature:			Date:
Payment Received: 🛛 Check #	Cash	□ Other	