

Feline Adoption Agreement

“Adopted Cat” Name _____ SEX ____ Estimated DOB _____

Description _____

In consideration of payment in the sum of \$_____dollars (“Adoption Fee”) to (_____) (the current owner of said Cat) the undersigned Adopter(s) (“Adopter” or “I/We”) hereby agree to the following “Terms of Adoption”:

TERMS OF ADOPTION

- Agreement to Adopt and Ongoing Care:** I/we hereby agree to adopt the rescued Adopted Cat (“Cat”) described above as a **house cat** and as such, will be kept in a confined, safe area and not allowed to run free outside, unsupervised. I/we agree to provide Cat with adequate food, fresh water, and exercise and to keep and maintain Cat in good and reasonable care and health. I/we agree that the Cat will be placed on a regular inoculation program to be established by my veterinarian and I/we agree to ensure that the Cat is current with his/her rabies vaccination at all times. I/we understand that the adoption of the Cat is a life-long commitment. With proper care and medical treatment, the Cat could live 15 or more years and yearly vaccinations and vet care expenses could cost as much as \$300 or more per year. I/we am willing to take on the responsibility of caring for this animal.
- Health and Welfare of Adopted Cat:** I/we acknowledge that the Cat has been spayed/neutered prior to adoption and that the Cat, at the time of adoption is in general good health and using his/her litter box. I/we understand that the Cat can be incubating an illness that is not apparent at the time of adoption. If the Cat begins sneezing, refuses to use its litter box, develops eye discharge or has loose stools, I/we agree to take the Cat to my/our own licensed veterinarian immediately. I/we have received all available medical records regarding the Cat and further agree to have the Cat examined by my/our own licensed veterinarian within one month of adoption for a general health check, and to adhere to the boosters/vaccination schedule indicated or recommended by my veterinarian. I/we will have the Cat examined by a veterinarian not less than yearly thereafter. In case of illness or injury, I/we agree to seek prompt veterinary care for the Cat. I/we will not ask a veterinarian to euthanize the Cat, except in the case of terminal illness or massive injury.
- Transfer of Ownership:** I/we agree that I/we will not transfer, sell, trade, exchange or release Cat into the custody of any firm, laboratory, corporation, or organization (including shelter) for any reason whatsoever. I/we agree not to abandon, give away, sell, or dispose of the Cat in any way, except to another person I/we have personally evaluated, who wants to adopt the Cat as a house cat, and who will provide the same care for the Cat, as I/we are required to provide under this Agreement.
- Returns and Refunds:** I/we understand that the Adoption Fee is not refundable. **If the Cat turns out to be unsuitable for me, I agree to return it immediately to (_____).**
- Lost or Missing Adopted Cat:** I/we agree to make a serious effort to find the Cat if it becomes lost, by immediately (a) conducting a detailed physical search of my/our yard and neighboring yards, (b) setting humane traps in the area to catch the Cat, (c) filing lost reports with the local police, animal control authorities, animal shelters, SPCA's, and local veterinarians, (d) posting lost cat signs, and (e) contacting (_____) for additional advice. Escaped cats usually hide, don't meow, and won't respond to calls, so a thorough high and low search is important. I/we agree to immediately retrieve the Cat if it is being held at a shelter or other location.

6. **Applicable Laws:** I/we agree to abide by the Animal Welfare Act of 1970, (as amended), the applicable Statutes of the State of Oklahoma, the Oklahoma City Ordinances and/or the animal control ordinances of the city or town in which I/we live(s).

I/We, the undersigned Adopter(s), do hereby agree to the aforementioned Terms of Adoption:

SIGNATURE of ADOPTER _____ Date: _____

Adopter (please print) NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE(s): H: (____) _____ M: (____) _____

EMAIL: _____