FERAL FELINES
RESCUE & REHABILITATION

P.O. Box 170, Lethbridge, NL, A0C 1V0
Phone: 709-467-4301   Fax: 709-467-5799
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CAT / KITTEN ADOPTION CONTRACT

REMINDER
!
BOOK YOUR VET APPT IN
7-14 DAYS

ADOPTER'S INFORMATION

Name: _____

Address: _____

_____

Phone Number: _____

Email: _____

INFORMATION ABOUT ADOPTED ANIMAL

Name: _____

Sex: _____

Approximate Age: _____

Color: _____

ADOPTER'S AGREEMENT

• I agree that the kitten/cat is being adopted for myself and will not be sold, adopted, or given to another party.

• I agree that the kitten/cat will not be allowed outdoors without supervision.

• I agree that I will not declaw the kitten/cat.

• I agree that the kitten/cat must be spayed/neutered by 6 months of age. Feral Felines Rescue & Rehabilitation will cover the cost of this procedure but nothing above that. If you require other services for your kitten/cat they will be your responsibility. You will be contacted directly by Feral Felines Rescue & Rehabilitation when your kitten/cat is due for their surgery - do not book these appointments yourself.

• I agree that I will be charged a re-booking fee of $50 for each missed spay/neuter appointment.

• I agree to care for the kitten/cat in a humane manner. This includes supplying adequate food, water, shelter, attention, and medical care.

• I agree that if at any point I cannot keep the kitten/cat, I will contact Feral Felines Rescue & Rehabilitation to give them time to find the kitten/cat a new home or foster home.

• I agree that Feral Felines Rescue & Rehabilitation makes no guarantees about the kitten's/cats temperament and is not responsible for future damages or injuries caused by the kitten/cat.

• I give Feral Felines Rescue & Rehabilitation permission to call or visit my home at any reasonable time to assure that the kitten/cat is being properly treated and cared for.

• I agree to keep the rescue informed of my current home address and phone number.

• I agree that if I do not have my own carrier at time of pick up that there is is a $20 carrier deposit that will be returned to me once the carrier is returned to Feral Felines Rescue & Rehabilitation.

Adopter's Signature: _____   Date: _____

Witness Signature: _____   Date: _____