



United Animal Friends, Inc.
P.O. Box 11133, Prescott, Arizona 86304
(928) 778-2924
ADOPTION APPLICATION

CAT INFORMATION (UAF to complete)

Name: _____ UAF ID #: _____ Sex: M/F
Breed(s)/Color(s): _____ Age: _____
Altered? Y/N/Unknown Litter Box Trained? Y/N/U Leash Trained? Y/N/U
Cat Friendly? Y/N/U Dog Friendly? Y/N/U Child Friendly? Y/N/U
Other: _____

ADOPTERS' INFORMATION

Name(s): _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Number of family members? Adults? _____ Children/Ages? _____

RESIDENCE INFORMATION

Residence: Rent /Lease /Own House /Duplex /Mobile /Condo /Apartment /Other
If you rent or lease your home we will need to contact your landlord for placement approval.
Landlord Name: _____ Phone #: _____
How long at this address? _____ Plan to move in near future? Y/N

CAT-RELATED INFORMATION

Why do you want this cat? _____
List other animals: _____ Altered? Y/N
Who is the cat for? _____ Who will be responsible? _____
Will the cat be indoor-only? Y/N
If not, explain: _____
Where will the cat stay? During the day? _____
During the night? _____ During vacation? _____
How many hours will cat be without human companionship?
During the day? _____ During the night? _____
Do you have a local veterinarian? Y/N
Name: _____ Phone #: _____
Please discuss the following with a UAF Representative:
What animals have you had in the past?
What would cause you to return animal to UAF?

CERTIFICATION OF INFORMATION

I believe the above answers to be true and complete. I understand that a qualified United Animal Friend's representative will conduct a home visit before my adopted animal can be left in my home and that the results of the home visit could nullify the adoption.

Adopters' Signature(s) _____ Date: _____
UAF Signature _____ Date: _____



United Animal Friends, Inc.
 P.O. Box 11133, Prescott, Arizona 86304
 (928) 778-2924
ADOPTION APPLICATION

COVENANT OF ADOPTION

United Animal Friends, Inc. (UAF) may not know the conditions which this animal has lived in the past. Some of these animals have been strays, abandoned or even abused.

AS THE ADOPTING PARTY, I AGREE WITH THE FOLLOWING PROVISIONS

1. I acknowledge that I am adopting an animal who may need additional training or extra care to bring him/her to optimal health and wellbeing. Because UAF cannot guarantee the health, temperament or training of the below-described animal, I hereby release UAF from any claim, cause of action, or liability for any injury or damage to persons or property once the animal is in my possession. If a health problem develops within the first two weeks of ownership, I will notify UAF to discuss the matter.
2. It is my commitment to provide this animal with a good, loving, compassionate home that will meet his needs, including adequate food, water, shelter and kindness for the rest of his life. I agree not to have my animal living outside. *Living outside does not meet the criteria of a good home.*
3. I agree to keep my animal up-to-date with his/her vaccinations and provide adequate veterinary care.
4. I agree to allow UAF to make follow-up visits and if, in the judgment of UAF, I do not comply with the above provisions, UAF has the right to take possession of the animal.

RETURN POLICY

I understand that, if I cannot keep the animal I am adopting, I agree to return it to UAF at my expense. I will give UAF adequate notice to allow them to find a safe place for my animal. I will not give the animal to friends, relatives or a shelter/rescue group without prior written consent from UAF. I understand that if I return this animal my adoption fee will not be refunded to me and will be considered a donation to help other homeless animals.

VACCINATIONS AND MEDICAL INFORMATION (For UAF use only)

Cat Name: _____ UAF ID #: _____
 Spay/Neuter
 Date: _____ By: _____
 FVR-CP Vaccination (Feline Rhinotracheitis, Calicivirus, Panleukopenia)
 Date(s): _____ By: _____
 FELV-FIV test
 Date: _____ By: _____
 Known medical conditions: _____

ADOPTION FEE/DONATION AND PAYMENT

Cash/Check** (Checks should be made payable to: UNITED ANIMAL FRIENDS)
 Amount: \$ _____ includes:
 Spay/Neuter Deposit (if applicable): \$ _____
 Donation over adoption fee*: \$ _____
 *Tax-deductible Receipt provided upon request

ACCEPTANCE SIGNATURE

Adopter: _____ Date: _____
 ** Driver's License Number: _____ State Issued: _____
 UAF Witness: _____ Date: _____

UAF COPY



United Animal Friends, Inc.
P.O. Box 11133, Prescott, Arizona 86304
(928) 778-2924
ADOPTION APPLICATION

COVENANT OF ADOPTION

United Animal Friends, Inc. (UAF) may not know the conditions which this animal has lived in the past. Some of these animals have been strays, abandoned or even abused.

AS THE ADOPTING PARTY, I AGREE WITH THE FOLLOWING PROVISIONS

1. I acknowledge that I am adopting an animal who may need additional training or extra care to bring him/her to optimal health and wellbeing. Because UAF cannot guarantee the health, temperament or training of the below-described animal, I hereby release UAF from any claim, cause of action, or liability for any injury or damage to persons or property once the animal is in my possession. If a health problem develops within the first two weeks of ownership, I will notify UAF to discuss the matter.
2. It is my commitment to provide this animal with a good, loving, compassionate home that will meet his needs, including adequate food, water, shelter and kindness for the rest of his life. I agree not to have my animal living outside. *Living outside does not meet the criteria of a good home.*
3. I agree to keep my animal up-to-date with his/her vaccinations and provide adequate veterinary care.
4. I agree to allow UAF to make follow-up visits and if, in the judgment of UAF, I do not comply with the above provisions, UAF has the right to take possession of the animal.

RETURN POLICY

I understand that, if I cannot keep the animal I am adopting, I agree to return it to UAF at my expense. I will give UAF adequate notice to allow them to find a safe place for my animal. I will not give the animal to friends, relatives or a shelter/rescue group without prior written consent from UAF. I understand that if I return this animal my adoption fee will not be refunded to me and will be considered a donation to help other homeless animals.

VACCINATIONS AND MEDICAL INFORMATION (For UAF use only)

Cat Name: _____ UAF ID #: _____
Spay/Neuter
Date: _____ By: _____
FVR-CP Vaccination (Feline Rhinotracheitis, Calicivirus, Panleukopenia)
Date(s): _____ By: _____
FELV-FIV test
Date: _____ By: _____
Known medical conditions: _____

ADOPTION FEE/DONATION AND PAYMENT

Cash/Check** (Checks should be made payable to: UNITED ANIMAL FRIENDS)
Amount: \$ _____ includes:
Spay/Neuter Deposit (if applicable): \$ _____
Donation over adoption fee*: \$ _____
*Tax-deductible Receipt provided upon request

ACCEPTANCE SIGNATURE

Adopter: _____ Date: _____
** Driver's License Number: _____ State Issued: _____
UAF Witness: _____ Date: _____

ADOPTER COPY



United Animal Friends, Inc.
P.O. Box 11133, Prescott, Arizona 86304
(928) 778-2924
ADOPTION APPLICATION

SPAY/NEUTER AGREEMENT

(If cat is less than 4 months of age)

Permanent ownership of this animal (name: _____ UAF ID #: _____) is contingent upon your compliance with this Addendum to the Adoption Application. Proof of the spay/neuter must be received by UNITED ANIMAL FRIENDS within fourteen (14) days after the surgery. If, for any reason, this agreement cannot be honored, UNITED ANIMAL FRIENDS must be provided with a statement from a veterinarian indicating when the spay/neuter is scheduled.

I understand that the cost of the spay/neuter is included in the adoption fee if, and only if, the surgery is performed by a UAF-contracted veterinarian hospital. Otherwise, I fully understand that if I choose to have another veterinarian perform the surgery it will be at my own expense with UAF issuing a partial refund of the adoption fee upon verification of the spay/neuter.

It is the responsibility of the ADOPTER, not the veterinarian, to ensure that UNITED ANIMAL FRIENDS has received verification that the surgery has been performed. Failure to comply with this agreement by the date below, unless otherwise agreed to in writing, will be considered a breach of the Contract, and ADOPTER will transport this animal back to UNITED ANIMAL FRIENDS and will not be entitled to a refund.

By my signature below, I agree:

- To have this animal spayed/neutered by no later than _____, and I understand that this spay/neuter agreement is an agreement that this animal will not produce a litter of kittens either as purposely bred or by accidental breeding.
- To pay a \$50 Spay/Neuter Verification fee that will be refunded once UAF receives proof that the animal has been spayed/neutered.
- That should this animal not be altered by the agreed-to date that I will return said animal back to the UNITED ANIMAL FRIENDS with no refund.

ADOPTER's Signature: _____

Date: _____

ADOPTER's Name (please print): _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone number (home): (_____) _____

(work): (_____) _____

Spay/Neuter Deposit Received: \$ _____

UAF Witness: _____ Date: _____

To receive refund of Spay/Neuter Verification Fee:

Return a copy of this page to UAF along with proof from your veterinarian of the spay/neuter.

UAF COPY



United Animal Friends, Inc.
P.O. Box 11133, Prescott, Arizona 86304
(928) 778-2924
ADOPTION APPLICATION

SPAY/NEUTER AGREEMENT

(If cat is less than 4 months of age)

Permanent ownership of this animal (name: _____ UAF ID #: _____) is contingent upon your compliance with this Addendum to the Adoption Application. Proof of the spay/neuter must be received by UNITED ANIMAL FRIENDS within fourteen (14) days after the surgery. If, for any reason, this agreement cannot be honored, UNITED ANIMAL FRIENDS must be provided with a statement from a veterinarian indicating when the spay/neuter is scheduled.

I understand that the cost of the spay/neuter is included in the adoption fee if, and only if, the surgery is performed by a UAF-contracted veterinarian hospital. Otherwise, I fully understand that if I choose to have another veterinarian perform the surgery it will be at my own expense with UAF issuing a partial refund of the adoption fee upon verification of the spay/neuter.

It is the responsibility of the ADOPTER, not the veterinarian, to ensure that UNITED ANIMAL FRIENDS has received verification that the surgery has been performed. Failure to comply with this agreement by the date below, unless otherwise agreed to in writing, will be considered a breach of the Contract, and ADOPTER will transport this animal back to UNITED ANIMAL FRIENDS and will not be entitled to a refund.

By my signature below, I agree:

- To have this animal spayed/neutered by no later than _____, and I understand that this spay/neuter agreement is an agreement that this animal will not produce a litter of kittens either as purposely bred or by accidental breeding.
- To pay a \$50 Spay/Neuter Verification fee that will be refunded once UAF receives proof that the animal has been spayed/neutered.
- That should this animal not be altered by the agreed-to date that I will return said animal back to the UNITED ANIMAL FRIENDS with no refund.

ADOPTER's Signature: _____

Date: _____

ADOPTER's Name (please print): _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone number (home): (_____) _____

(work): (_____) _____

Spay/Neuter Deposit Received: \$ _____

UAF Witness: _____ Date: _____

To receive refund of Spay/Neuter Verification Fee:

Return a copy of this page to UAF along with proof from your veterinarian of the spay/neuter.

ADOPTER COPY