

UNITED ANIMAL FRIENDS ON A RESCUE MISSION

Adoption Agreement – Cat (UAF Copy)

Cat Information (UAF to complete)

Cat's Name _____ UAF ID# _____ Gender M F
Breed(s) _____ Color(s) _____ Approx. DOB _____

Adopter Name _____

Adopter Agreement

United Animal Friends (UAF) may not know the cat's background. UAF recommends a two-week quarantine period whenever a new pet is adopted into a home and that all current animals in the adopter's home are up to date on their vaccines.

AS THE ADOPTING PARTY, I AGREE WITH THE FOLLOWING:

1. I acknowledge that UAF cannot guarantee the health or temperament of the cat. I hereby release UAF from any claim, cause of action, or liability for any injury or damage to persons or property. If a health problem is discovered within the first two weeks of ownership, I will notify UAF to discuss the matter.
2. It is my commitment to provide a safe and caring environment. I agree not to have my cat living outside.
3. I agree to keep my cat 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 cat.
5. I agree to have a plan in place for care of this pet should I become unable to care for it.

Return Policy

I agree that if I, my family, or close family friend cannot care for this cat I am adopting, he/she will be returned to UAF. I will not give the cat to anyone outside of my family or to a shelter or other rescue group without prior written consent from UAF. I understand that notification is necessary for UAF to update its records for this cat. I understand that if my cat is to return to UAF that I must allow adequate time necessary to find a safe place for my cat. I understand that if I return this cat, my adoption fee will not be refunded.

No-Declaw Agreement

I understand that declawing is an unnecessary and inhumane procedure. I agree not to declaw any cat or kitten adopted from United Animal Friends. (Please initial) _____

Acknowledgement and Agreement - I understand and agree to the above terms.

Adopters' Signature(s) _____ Date: _____

UAF Signature _____ Date: _____

Adoption Fees:

\$100.00 Kitten under one year \$85.00 Adult under age 7 \$75.00 Adult age 7-12 \$30.00 Mature cat over 12
 Multiple cats ID and ages: _____ Total _____

Adoption Payment - Checks are made payable to United Animal Friends Cash Check Paypal

Driver's License # _____ State Issued: _____

Adoption Fee: _____ Additional Donation: _____ Total: _____

Medical Information (UAF to complete)

Known medical conditions: _____

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Cat Medical Treatment Summary

Cat Name: _____ UAF ID: _____ DOB: _____

FVRPC #1: Date: _____

FVRPC #2: Date: _____

FVRPC #3: Date: _____

NOTE: FVRCP is given as a single annual vaccine for adult cats. In kittens, FVRCP is given as a series of 3 vaccines, generally started at about 8 weeks of age if the kitten is healthy, and given at 3 week intervals for the second and third doses.

Deworm #1: Completed: _____ Lot: _____ Exp: _____

Deworm #2: Completed: _____ Lot: _____ Exp: _____

Bordatella: Date: _____

Rabies: Completed: _____ Lot: _____

NOTE: Rabies vaccine is generally given at approximately 4 months of age.

Alter Date: _____

Microchip: _____