

UNITED ANIMAL FRIENDS ON A RESCUE MISSION

P.O. Box 11133 Prescott, AZ 86304 • 928.778.2924 • www.unitedanimalfriends.org

Adoption Agreement – Courtesy Listing Cat

Cat Information (UAF to complete)

Name _____ CL ID # _____ Gender M F
Breed(s) _____ Color(s) _____ Age _____

Guardian Information

Name _____
Address _____
Home phone _____ Cell phone _____
Email address _____

Adopter Information

Name _____
Address _____
Home phone _____ Cell phone _____
Email address _____
Number of family members: Adults? _____ Children and ages? _____

Residence Information

Home address _____
City _____ State _____ Zip Code _____
Mailing address (if different) _____
 House Condo Mobile Duplex Apartment

Do you own or rent your home? Own Rent
If you rent, please provide Landlord's Name: _____ Phone # _____
How long at present address? _____ Plan to move in near future? Yes No

Cat-related Information

Why do you want this cat? _____
List other pets in the household: _____
Are all of your pets spayed or neutered? Yes No If not, explain: _____
Who will be responsible for this cat? _____
Describe the activity level of your household: Quiet Moderately active Active Very active

Will the cat only be indoors? Yes No If not, explain: _____

Do you have a veterinarian? Yes No Name: _____ Phone _____

UAF COPY

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 pets 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 United Animal Friends (UAF) cannot guarantee the health or temperament of the cat described above. I hereby release UAF from any claim, cause of action, or liability for any injury or damage to persons or property.
2. Although UAF has allowed the current Guardian of this cat to use its website and expertise through its Courtesy Listing Program, I understand that this is a private party adoption between me and the listed Guardian.
3. It is my commitment to provide a safe and caring environment. I agree not to have my cat living outside.
4. I agree to keep my cat up to date with his/her vaccinations and provide adequate veterinary care.

Return Policy

I understand that if I cannot keep this cat for its lifetime, I agree to return the cat to the Guardian listed above. In the event the Guardian cannot be located, I will contact UAF at 928-778-2924 to request re-homing through its Courtesy Listing Program. I understand that if I return this cat, my adoption fee will not be refunded. (Please initial) _____

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: _____

Adopters' Signature(s) _____ Date: _____

Guardian Signature _____ Date: _____

Adoption Payment

Checks are made payable to United Animal Friends

Driver's License # _____ State Issued: _____

Total: _____ Spay/Neuter Deposit: _____ Additional Donation: _____

Vaccination and Medical Information (For UAF use only)

Cat Name _____ CL ID # _____

Spay/Neuter Date _____ Veterinarian's name _____

FVRCP (Feline vaccination for Rhinotracheitis, Calicivirus, Panleukopenia)

Date _____ Veterinarian's name _____

FeLV (feline leukemia virus) and FIV (feline immunodeficiency virus) test

Date _____ Veterinarian's name _____

Known medical conditions: _____

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ADOPTER COPY