

Cat Adoption Contract

Name/description of cat: _____

Applicant's Name: _____ Co-Applicant's Name: _____

Applicant's Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____ email: _____

I, the undersigned adopter, agree upon signing this contract to pay the non-refundable, tax deductible sum of \$85 as an adoption fee and further agree to comply with the following requirements of this adoption:

- 1. I agree to take this cat at my cost to a veterinarian within (14) days of today for a checkup and any necessary vaccinations in accordance with the terms in attachment A.1
2. I will provide appropriate veterinary care for my cat when he/she is sick & maintain the recommended yearly vaccinations.
3. I agree to spay/neuter my cat within 30 days of the date of this agreement if the cat is at least 6 months of age.
4. I will feed my cat regularly and provide fresh drinking water for him/her at all times.
5. I will keep my cat as a house pet and not let them roam outside.
6. I understand that CDHA highly recommends an ID tag and a transition/adjustment period of 14-30 days in a new home.
7. I agree NOT to sell, trade or give away this cat without the express written consent of CDHA.
8. I understand the adoption FEE will not be refunded, nor will CDHA apply the fee toward the adoption of another pet.
9. I release CDHA from any responsibilities having to do with defects, abnormalities, aberration or vicious propensities that my cat may have or develop...
10. Adopter understands CDHA makes no representation whatsoever regarding the behavior, health, habits, special needs, or any other facts about the cat except as listed here:
11. I understand falsifying or providing incomplete information on the Cat Adoption Questionnaire gives CDHA the right to reclaim the cat.
12. I agree to permit any authorized representative of CDHA to visit my residence without prior notice to ensure I am complying with the provisions of this agreement...
13. If the terms of this adoption contract are not followed, CDHA may reclaim the cat and or seek restitution for such actions.

Adopter's signature _____ Co-Adopter's signature _____ Date _____

CDHA Witness signature _____ CDHA Witness signature _____ Date _____

Capital District Humane Association Cat Adoption Questionnaire



Name/Description of Cat: _____

CDHA Adoption Applicant: Thank you for taking the time to complete this questionnaire. To assist CDHA in its main important function—matching the right pet to the right family. You must complete this questionnaire as truthfully and in as much detail as possible. This is vital if CDHA and the potential adopter are to succeed in finding a cat that is suitable for your family.

Completion of this questionnaire does not entitle applicant(s) to adopt a cat. By signing this document, the applicant is/are attesting to the truthfulness of the answers given. Falsified or incomplete information will be grounds to disallow adoption of a CDHA cat. If CDHA discovers after adoption that the information provided below is falsified, CDHA may reclaim the cat.

Pet Care Information

1. Are you currently the guardian of pets?
YES or NO

• if yes, please list species, breed and age of each pet:

2. Do you currently have a veterinarian YES or NO

• If yes, who is your veterinarian: _____

• if no, where do you intend to bring your pet for medical care: _____

3. Are/were all of your current/previous pets kept up to date on an annual vaccination/de-worming program (including heartworm prevention) as outlined by a veterinarian: YES or NO

4. Have you ever had a cat or dog die at an early age (before 10): YES or NO

• if yes, please explain the circumstances surrounding the early death of this pet:

5. Have you ever had a pet who suffered from and/or was treated for a preventable illness or injury (i.e. feline leukemia, hit by a car, poisoning): YES or NO

• if yes, explain: _____

Applicant Name: _____

Co-Applicant Name: _____

Home address: (city, state, zip)

Home ph.: _____

Work ph.: _____

Cell ph.: _____

• Are all members of your household present at this adoption?

YES or NO If no, which members are not present:

• Do all household members consent to adopting a cat?

YES or NO

• Ages of children living at or frequent visitors of your home

are: _____

6. Have you ever bred any of your pets (accidentally or deliberately): YES or NO
 •if yes, explain: _____
7. Have you ever given away, sold or otherwise disposed of a pet prior to its death? YES or NO
8. Do you plan to let your cat roam outside? If yes, please speak to your CDHA representative.
9. How many hours/day will your pet be left alone: _____
10. What is your primary reason for adopting today: _____
11. Have you considered and are you prepared for the lifetime cost of a cat: YES or NO
12. Have you considered what will become of your pet should anything happen to you, such as hospitalization or nursing home placement....do you have some who would be willing to care for the animal should such an event occur?
 • Please provide the name & address & telephone number of that individual: _____
13. Do you, a member of your family, or any frequent visitors to your home have any known allergies to pets?
 • If yes, what do you plan to do to protect your health and that of the visitor:

14. For what reasons would you consider relinquishing custody of a cat? Check all that apply:
- Scratches furniture housebreaking accidents too noisy
Provoked nipping/biting family developed allergies sheds
Develops minor health problem develops chronic health problem scratches people
Destroys owner's belongings climbs on counter tops, tables too much work

Household Information

1. Do you live in: home condo town home apartment duplex mobile home
2. Do you: own rent How long living at this address: _____ How long at previous address: _____
 •Renters: please provide a letter from your landlord granting permission to adopt a pet from CDHA.

Work Information

1. Do all adults work full time? YES or NO
2. Where are you employed: _____
3. Where is the co-applicant employed (if applicable): _____
4. Is the applicant or co-applicant subject to relocation: YES or NO
 • if yes, please tell us how you plan to care for your pet in the event of a move:

5. Does the applicant or co-applicant's job require travel: YES or NO

- if yes, please tell us how you plan to care for your pet while traveling:
-

Applicant/Co-Applicant state that the information provided above is true to the best of their knowledge.

(applicant signature)

(co-applicant signature)

(date)

CDHA representative signature

CDHA representative signature

(date)

*Thank you for your patience while filling this form out.
Remember: For the love of animals!*