

Wells Valley Cat Rescue

P.O. Box 567
New Milford CT 06776
203-305-2543

Adoption Contract

Date_____

Name_____Age_____Sex Male Female

Color_____ DSH DMH DLH

Rabies Date_____ Spay/Neuter Date_____

FVRCP Date_____

Feline Leukemia and FIV tested Date:_____Result: Negative

I am adopting the above cat from Wells Valley Cat Rescue. I agree to accept full responsibility for the care and well being of the cat and agree to the following conditions of adoption:

1. I am adopting the cat in my name and I will be its legal owner. I am not adopting the cat for someone else nor will I give the cat as a gift to someone else.
2. If I find that I can no longer keep the cat, I will return the cat to Wells Valley Cat Rescue. I WILL NOT SELL, GIVE AWAY, ABANDON OR RELINQUISH THE CAT TO ANY PERSON, SOCIETY OR OTHER GROUP.
3. The cat will NEVER be declawed.
4. If I believe the cat is lost I will immediately make every effort to find it. In that event, I will advertise for the cat's return through social media and the newspaper for a minimum of 2 weeks.
5. I understand that the cat will be spayed/neutered prior to leaving WVCS care. Kittens will not be allowed to leave foster care until they reach the age of 12 weeks/2 pounds, have been spayed/neutered and received their rabies vaccination.
6. I will obtain YEARLY routine veterinary care for the cat, including vaccinations (distemper, rabies, etc), based on veterinary discretion.
7. In the event of illness or injury, I will immediately obtain veterinary treatment for the cat.
8. In the event that I fail to care for the cat properly or otherwise breach this contract, WVCR will be entitled to retake possession of the cat through any peaceful or legal means. In the event that I do not comply with this contract and WVCR has to bring a lawsuit as a result, I will reimburse WVCR for its lawyer's fees and costs in doing so.

I understand that Wells Valley Cat Rescue has made no representations or warranties with respect to the cat including, without limitation, its health, temperament or training and I therefore accept the cat AS IS and WITH ALL FAULTS. Accordingly, I release Flicker Foundation Inc. from all liability associated with the pet once I take possession of it.

WVCR Tax ID Number: 45-5352811

Check #_____ Cash_____ Credit Card_____

Signature_____

Print Name_____

Street_____ Town _____ State _____ Zip _____

Home/Cell # _____ Email _____