



## Cat Adoption Application/Contract

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

**NOTE: Completion of this application does not guarantee adoption of a rescue animal.**

**This Questionnaire becomes a part of the contract. Call (541) 225-4955**

Name of cat(s) you are interested in: \_\_\_\_\_

Name of applicant: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of spouse/significant other: \_\_\_\_\_ Occupation: \_\_\_\_\_

Names/Ages of children (if any at home): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ May we add you to our mailing list?: \_\_\_\_\_

How did you hear about West Coast Dog and Cat Rescue? \_\_\_\_\_

Where do you live:  House  Apartment  Condominium  Townhouse  Other

A home inspection may be required for adoption. Are you willing to permit WCDC staff to conduct a home inspection:  Yes  No

Do you:  Own  Rent  Other Please explain: \_\_\_\_\_

If you rent, do you have the landlord's permission to have a pet:  Yes  No

Landlord's name and phone number: \_\_\_\_\_

Will the cat be:  Indoor only  Indoor/Outdoor\*

**\*APPROVAL REQUIRED - Please give details of cat's accommodations:**

\_\_\_\_\_

About what percent of the time will the cat be left alone: \_\_\_\_\_

Where will the cat sleep at night?: \_\_\_\_\_

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Why do you want a cat: (Check all that apply)  House pet  Companion for pet

Mouser/Barn cat  Companion for family  Companion for children  Gift  Other

Other pets: (specify number of each) \_\_\_\_\_Dogs \_\_\_\_\_Cats \_\_\_\_\_Other \_\_\_\_\_

If you have other pets, are they spayed/neutered:  Yes  No

Licensed:  Yes  No

What pets have you had in the past: \_\_\_\_\_

What happened to them: \_\_\_\_\_

What would happen to the cat if you moved locally: \_\_\_\_\_

Out of state: \_\_\_\_\_

Out of the country: \_\_\_\_\_

Do you have a regular veterinarian:  Yes  No Vet's name \_\_\_\_\_

Name of clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

Does anyone in your household have allergies:  Yes  No If yes, what kind: \_\_\_\_\_

Will you be able to live with hair on your furniture, stains on your rugs and an animal which might be destructive at times:  Yes  No

Remember, pets are an investment of your time and money. Can you afford to provide medical care, proper diet, proper shelter and exercise for your new pet:  Yes  No

What do you expect to pay in annual veterinary care: \$ \_\_\_\_\_

Do you have the means to afford an unexpected illness/injury: (Approx. \$2,000)  Yes  No

Are you able to make a long-term commitment to care for your pet for its entire lifespan, which could be as long as 15-20 years:  Yes  No

Under what circumstances would you not be able to keep this cat: \_\_\_\_\_

\_\_\_\_\_

# Cat Adoption Application/Contract

**Please read the following CAREFULLY before signing:**

**Initial**

I understand I am entering into a binding contract with West Coast Dog and Cat Rescue ("WCDC") for adoption of a rescue cat. I have read this entire contract CAREFULLY before signing it.

1. I agree that this cat is being adopted as a family pet. He/she will have extensive house privileges and will remain inside the house unless arrangements are made in writing prior to adoption. I agree to provide this cat with proper food, water, shelter and necessary veterinary treatment. I also understand that I am not allowed to have this cat declawed or to suffer from a tendonectomy surgery. \_\_\_\_\_
2. This cat has been examined by a veterinarian chosen by WCDC prior to his/her adoption and has received a **rabies\*** and FVRCP vaccination, but I understand that WCDC is not making any representations or warranties regarding the cat's health, physical condition, or age. I understand that veterinary problems may arise with this cat, including zoonotic diseases and/or serious illnesses requiring emergency care or surgery, that those problems are my responsibility, and that I will bear all related costs and will provide the proper veterinary care to the cat in a timely manner. **\*Age dependent as kittens cannot receive Rabies vaccination till over 4 lbs.** \_\_\_\_\_
3. I understand that I am entitled to a free visit, **exam only**, at a cooperating veterinarian. If I choose to have any other services performed such as vaccinations, I understand that I am responsible for their cost. \_\_\_\_\_
4. I agree that WCDC may make a visit at a mutually convenient time to ascertain that all of the conditions herein are being satisfied. If WCDC contacts me to inquire about the cat, I agree to make a good faith effort to return WCDC's call as soon as possible. \_\_\_\_\_
5. If I change my address or telephone number, I will notify WCDC within three (3) weeks of my new address and/or telephone number. \_\_\_\_\_
6. If I can no longer keep the cat, I will notify WCDC IMMEDIATELY and will work with WCDC to place the cat in an approved home. However, I understand that the adoption fee is non-refundable. Under no circumstances will I give the cat to a third party or take the cat to an animal shelter. \_\_\_\_\_
7. **I understand that WCDC may reclaim ownership of the cat if any of the conditions herein are not being met. I agree to fully cooperate and willingly surrender the cat(s) to WCDC. I understand that I will be liable for any fees and costs incurred by WCDC arising out of the enforcement of this contract.** \_\_\_\_\_
8. I understand that WCDC is not making any representations or warranties about the cat's temperament or behavior. I acknowledge and agree that WCDC is not responsible for any injury, damage, or harm caused by this cat, and I hereby release WCDC from any and all liability for any injury, damage, harm, expense or liability I incur relating to this cat. I also agree to indemnify WCDC from any and all such claims and to pay, without limitation, any costs related to such injury, damage, or liability, including, in the case of litigation, any attorney fees incurred by WCDC in its defense. \_\_\_\_\_
9. I understand that the adoption fee is non-refundable. \_\_\_\_\_

**I HAVE DISCUSSED THE ABOVE WITH AN ADOPTION COUNSELOR AND I UNDERSTAND ALL THE PROVISIONS OF THIS CONTRACT**

This document is intended to be a complete statement of the understanding between me and WCDC, and this contract may not be modified except in writing and signed by both parties. By signing this contract you agree that all the above information is true. Any false information or omissions on this form may result in WCDC reclaiming the animal(s).

**We reserve the right to refuse an adoption to anyone, at any time.**

**Cat(s) Name(s):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_ **WCDC Adoption Counselor Initial:** \_\_\_\_\_

**WCDC Adoption Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_