



Cats Name:
Date of Adoption:
Microchip Number:

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BASIC INFORMATION	
1	Name of Applicant
2	Date (MM/DD/YYYY)
3	Street Address
4	City / State / Zip Code
5	Telephone number / Cell number
6	Email address
YOUR INFORMATION	
7	What pets do you currently have?
8	What physical and personality traits are you looking for in a companion animal?
9	What type of residence do you live in? <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium/Townhouse <input type="checkbox"/> Mobile Home <input type="checkbox"/> Trailer <input type="checkbox"/> Other
10	Do you own or rent your residence? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease
11	If you rent or lease, may we contact the owner to obtain permission for this animal(s) to live at your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Owners name: Owners telephone number:
12	Will you keep the animal up-to-date on vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No
13	Who is your veterinarian? Name: _____ City/Town: _____ Phone: _____
14	If you go away for a few days or on vacation, who will take care of your pets?
15	Are you willing to have a representative of the Agee Memorial Wildlife Fund come to see where the pet(s) will be living? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain why):
16	Are you willing to take the responsibility for this pet for the next 10 to 15 years?
FOR CATS	
17	Where will you keep your cat? <input type="checkbox"/> Inside <input type="checkbox"/> Outside
18	Will you have your cat de-clawed? <input type="checkbox"/> Yes <input type="checkbox"/> No
19	Additional comments
REFERENCES (List two; personal, previous vets and/or pet sitters)	
1	
2	

CONTRACT

Initial all instructions after reading

DECLAWING OF CATS, ABUSE AND/OR USE FOR EXPERIMENTATION

I agree that the listed cat(s) will never be declawed, and I hereby agree that this cat will never be hit, mistreated or abused in any manner. I further assure that I will not give away or sell this cat to any animal control facility, medical laboratory, shelter, pound, or to any other person, company or organization without prior written consent from an Agee Memorial representative.

MINIMUM LEVEL OF CARE AND HANDLING

I hereby agree to treat this cat with love and kindness and to provide this cat with proper food, clean water, adequate shelter, and prompt veterinary treatment should it become ill or injured. I will continue to vaccinate this cat as recommended by a licensed Veterinarian. I understand that my cat might be spooked at loud noises, or hides under the bed, as these may reflect an adjustment to unfamiliar sights, sounds and smells which may take a few weeks of love and patience to overcome. If at any time my cat wears a

collar it will be a "cat-safe" collar. I agree to provide a proper animal carrier for my cat anytime we are traveling. If my cat becomes lost, I will contact an Agee Memorial representative IMMEDIATELY, regarding procedures and/or assistance in finding it. I understand that this cat is currently microchipped and the microchip information shall remain in the name of Agee Memorial Wildlife Fund, Inc.

UNDERSTANDING OF COMMITMENT

I fully understand that I am making a very serious commitment to keep this cat for the rest of its natural life, which may be as long as 20 years or more. In the event that my cat becomes incurably ill and is suffering as a result, I hereby agree to show compassion and have my own veterinarian humanely euthanize the cat by painless injection. I understand that the cat I am adopting is a rescued animal; its age, breed, temperament and/or health cannot be, and are not, guaranteed by Agee Memorial. If this cat becomes ill or unsuitable for my home within thirty (30) days of the adoption I may exchange it for another cat. I understand and hereby agree that my donation is non-refundable and will help Agee Memorial continue its rescue work, even if the cat is reclaimed by Agee Memorial Wildlife Fund Inc.

If for ANY reason I am unable to keep this cat and/or provide a proper home, I will return the cat to Agee Memorial, regardless of the time that has elapsed since the adoption. If I move, I will make sure that my pets are allowed in my new home and I agree to provide Agee Memorial Wildlife Fund, Inc. with my new address and telephone number. This is a co-ownership contract. Agee Memorial has rescued this cat for its lifetime and reserves the right to follow-up this adoption with telephone calls and/or home visits concerning its welfare.

RELEASE OF LIABILITY, INDEMNIFICATION AND HOLD HARMLESS PROVISION

I agree to release, indemnify and hold harmless Agee Memorial Wildlife Fund, Inc., its Board of Directors, agents, members and volunteers from any and all known, unknown, or unanticipated claims or damages which may arise out of or in connection with my adoption, ownership or control of such cat.

RECLAIMING THIS CAT

Agee Memorial reserves the right to reclaim this cat should any of its agents or volunteers discover that any information submitted on the Adoption Application is false or inaccurate. We further reserve the right to reclaim this cat due to breach of this contract including, but not limited to, should it EVER be DECLAWED.

MICROCHIP

I understand that this cat has been microchipped, and I hereby agree that said cat's microchip records will be in my name as the primary contact, and that Agee Memorial Wildlife Fund shall be named as the secondary contact. Under no condition or circumstances I will change or alter said records to anyone else's personal or group name without prior written consent of an Agee Memorial representative. If any representative of Agee Memorial Wildlife Fund, Inc. learns that the microchip records have been altered or changed in any way without said prior written consent, upon request, I will surrender the cat immediately to a representative of Agee Memorial Wildlife Fund Inc.

The Agee Memorial Wildlife Fund, Inc., will offer medical care up to 30 days from the date of adoption only through cooperative veterinarian's we have an account set up with. Please contact a representative from AMWFI in order to allow us to make the appointment(s). Since we are a non-profit organization, we can only guarantee medical costs in this manner. If you choose to treat the animal through your own veterinarian during the 30-day period, you are fully responsible for all costs incurred.

The adoption is being arranged under the premise that all the answers filled out on the application are true and factual. Agee retains the right to void the adoption, refund the adoption fee, and take immediate possession of the animal(s) should any material fact on the application be untrue.

I acknowledge that I have read, completely understand, and agree to each and every term in this CAT ADOPTION CONTRACT before signing, and have received and will retain a copy for my records. I will RETURN the adopted animal(s) back to the AGEE MEMORIAL WILDLIFE FUND, INC., if for any reason the animal(s) should not be suitable.

Print Name: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Adoption Fee: _____

Cash

Check /Number _____ CDL # _____ DOB ____/____/____