



P.O. Box 491244, Los Angeles, CA 90049-9244
310-820-4122 FeralCatCr@aol.com
www.feralcatcaretakers.org

Feral Cat Caretakers' Coalition
Adoption Contract

Adopter _____ Date _____

Email address _____ Contact# Cell _____

Pet's Name _____ Sex _____ Age _____

Spayed _____ Neutered _____ Color & description _____

Any disabilities, explain _____

Medical evaluation of Pet, copies of vet records attached to include: FIV-FELV feline test _____

Vaccinations _____ Any medication required _____

Micro chipped, date _____ Number _____ Name of Company _____

FCCC's Adoption Contract must be completed and signed for each cat or kitten adopted.

As the Adopter, I agree to the following provisions in this agreement.

1. Prior to adoption, it is our policy that adult cats and kittens have been spayed or neutered, given appropriate vaccinations, medical evaluation, necessary tests and micro chipped.
2. FCCC requires a home visit and mandatory home delivery and orientation to assist the Adopter with the transition of their pet into an unfamiliar situation and to offer professional guidance. This is done as a courtesy and out of respect for the adopting party and their new addition to the family. We remain available to the Adopter for any questions or problems that may arise and follow up visits to ensure the placement is a success for all concerned.
3. I agree to provide the adopted pet with whatever is necessary to insure their good health, by scheduled veterinary examinations, notably for teeth check-ups.
4. I agree to provide a good quality of food and understand the basics of nutrition as discussed.
5. I agree to keep the adopted pet indoors which means it will never be allowed outside my dwelling unless there is a safe prey proof enclosed attachment to the residence.

I also understand that under no circumstances, will the Pet be declawed.

We are available to consult with you regarding the importance of not declawing and literature has been made available for additional information.

- 6. I agree that if for any reason I cannot keep the adopted pet, I will notify the FCCC Group Representative and immediately relinquish the pet to them.
- 7. Any failure by the Adopter to perform any or all of the foregoing agreements constitutes a breach of this adoption contract. The original FCCC group representative shall have the right to reclaim possession of the cat and ownership of the cat shall automatically and without any further action immediately revert to the original FCCC group representative as named in this document. The FCCC group representative shall have the right, upon any breach of this contract to enforce this agreement in any court of law or equity by any legal means including recovery of money and damages from the Adopter. The Adopter understands and agrees that the FCCC group representative is entering into this agreement solely in material reliance on the provisions of the Adopters agreements in this agreement and would not otherwise enter into this agreement.
- 8. I understand the pet, as noted in this adoption contract, is as far as can be determined, is in good health and copies of the veterinary medical records have been given to the Adopter. The FCCC group representative is not responsible for any medical issues or fees incurred after the adoption date. However, if health problems develop, I will notify the FCCC Group representative, as noted below, to discuss the matter.

9. Special instructions _____

FCCC Group representative _____ Contact# _____

Adopter signature _____ Contact# _____

Date of adoption _____ Adoption fee _____

By signing this agreement, I understand and agree to the above provisions and obligations. If there are any questions or guidance required for your new pet(s), please feel free to contact the FCCC adoption representative, as noted.

We wish you all of the happiness and love your pet(s) will bring to your household.

Dona Cosgrove Baker
President and Founder
Feral Cat Caretakers Coalition
www.feralcatcaretakers.org
feralcatcenter@aol.com
ID95-478-1600

Date entered into computer database: _____

Authorized person _____ Revised 2-4-19