

CATS ANGELS, INC. SPCA



SPAY/NEUTER
THE RESPONSIBLE
SOLUTION

A non-profit charitable organization

P.O. Box 16072, Fernandina Beach, FL 32035 (904)-321-2267

PLEASE FILL IN ALL BLANKS

catsangels@catsangels.com

ADOPTION AGREEMENT

Adoption Fees start at \$50.00

(This fee helps to cover the veterinary expenses incurred for each animal. This includes but is not limited to: Rabies, FVRCP vaccinations, spaying/neutering, fecal exams, FIV/FelV testing and other medications as required)

NAME: _____ DATE: _____

PHYSICAL ADDRESS: _____

(No PO boxes)

CITY: _____ STATE: _____ ZIP _____

TELEPHONE: _____ CELL _____ WORK: _____

EMPLOYER: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

VETERINARIAN: _____ CLINIC: _____ PHONE _____

Do you presently own other cats/dogs? Yes _____ No _____ How many _____

Are they spayed/neutered? Yes _____ No _____

Are their vaccinations current? Yes _____ No _____

Are there any children in the house? Yes _____ No _____ Ages: _____

Have you surrendered a pet before? _____ If yes, why _____

Where will your cat live: inside _____ outside _____ both _____

Does your job require that you move often? Yes _____ No _____ If yes, do you plan to take your pet with you? Explain _____

Do you rent or own _____ If you rent, you must provide written proof that you may have pets prior to adoption and that any pet deposit is paid – Landlord's phone number _____

Are you willing to spend at least \$400 a year on your pet for it medical and everyday needs? _____

Personal Reference: _____ (name) _____ (telephone)

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The above information is true and accurate to the best of my knowledge

Conditions of Adoption

1. Applicants must be 18 years of age to adopt
2. I give Cats Angels, Inc. SPCA permission to make follow up phone calls and/or visits to finalize my adoption.
3. I will license my cat(s) according to the licensing requirement in my County.

Cats Angels, Inc. SPCA believes that at the time of adoption each cat is in good health. Any illness within 5 days of adoption should be reported immediately to the organization at 904-321-2267 so we can arrange veterinary care. If services are used other than those arranged by Cats Angels, Inc. SPCA, we will not be responsible for any fees incurred. After the 5 days, any veterinary expenses will be the sole obligation of the Applicant listed above. We will take our cat(s) back if the adoption doesn't work out, but refund of the adoption fee is negotiable and no refund will be given after 3 weeks.

I hereby take possession of and responsibility for the cat(s) I am adopting. I hereby release and discharge Cats Angels, Inc. SPCA from liability of any injury or damages to any person(s) or property caused in the future by said cat(s) and from any causes of actions, claims, suits, or demands whatsoever that may arise as a result of such injury or damage.

I have read and understand this contract and I accept the above conditions.

Signature of Applicant

Name/Number & Description of cat adopted _____

Name of Cats Angels volunteer handling adoption _____

CATS ANGELS, INC. SPCA RESERVES THE RIGHT TO REFUSE ANY ADOPTION

White Copy – Cats Angels, Inc. SPCA

Yellow - Adopter