



### CAT ADOPTION CONTRACT

ID#: \_\_\_\_\_ DOB: \_\_\_\_\_ O MALE O FEMALE Spayed/Neutered: O Yes O No  
Date of Spay/Neuter: \_\_\_\_\_ **Must be Spayed/Neutered by:** \_\_\_\_\_

**Kittens should be vaccinated every 3 to 4 weeks until they reach 16 weeks old.**

**Next vaccination due:** \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In consideration for receiving the herein described animal, I agree upon signing, to pay the adoption fee set out below and to comply with the following conditions. Failure to comply with any of the conditions may result in the reclamation of the said animal to the Keeping Cats Homed (KCH) volunteers without the adoption fee refunded.

1. I will treat this animal humanely at all times.
2. He/she will always have adequate food, water and shelter.
3. I will ensure that this animal is not physically, emotionally or mentally abused.
4. If not already done so, I agree to complete the required vaccine protocol as recommended by the veterinarian and to have this cat spayed/neutered before the cat is 6 months old.
5. I understand a representative of the KCH team may reclaim this animal if # 4 above is not upheld.  
\_\_\_\_\_ (please initial)
6. I understand this animal will NOT be allowed outside unattended until after she/he has been spayed or neutered.
7. I understand that the KCH accepts no responsibility for the present or future behavior and actions of this animal.
8. I understand all medical costs from this day forward including, but not limited to, vaccines, medications, veterinary expenses, food and shelter are my sole responsibility.
9. I will not subject this animal to declawing or unnecessary surgery without prior consultation from a KCH representative.
10. I will allow a KCH representative to visit my home and inspect my pet/home, upon request, if they choose to do so. If, in their opinion, the animal is not receiving proper care, I will release the animal immediately and unconditionally back to KCH.
11. I agree to take this animal to a veterinarian for regular health exams at least once a year or as recommended by my veterinarian.
12. I agree to contact KCH should I no longer want this cat or am unable to care for the cat to allow KCH first right of refusal. \_\_\_\_\_ (please initial)
13. The non-refundable adoption fee of \$ \_\_\_\_\_ is paid herein.

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

KCH Representative: \_\_\_\_\_

**Any false information provided in this contract may result in voiding of the contract. If the contract is deemed null and void a KCH representative may reclaim the animal.**

**Disclaimer: KCH will not knowingly place an animal that is not in good health, or place an animal with any known medical condition without disclosing all the information prior to placement. However, no guarantee can be given regarding any unknown or undiscovered health problems at the time of this adoption. To ensure adequate protection against common infectious disease, consult your veterinarian.**

**Please call or text Lori with any questions 902-439-4398**



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