

PROTECTORS OF ANIMAL LIFE SOCIETY (PALS)
ADOPTION FORM

Date: _____

Adopter information

Name: _____

Email address: _____

Mailing address: _____

Town: _____ State: _____ Zip Code: _____

Physical address (if different than above)

Street address: _____

Town: _____ State: _____ Zip Code: _____

Job description: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Do you: own home _____ rent _____ live w/a friend/relative _____

If you rent: Landlord's name: _____ Phone: _____

Have you adopted from us in the past? _____

Number of children in the household: _____ Ages: _____

Other pets: dogs: _____ breed: _____

Number of cats: _____ are your cats spayed/neutered: _____

Name of vet's office: _____ Phone: _____

Do you give PALS permission to contact your vet? _____

Please read & initial:

____ If the cat does not get along with your pets or is having trouble adjusting to your home pals suggests you give them a call, research the issue or speak with a vet.

____ I understand that ii am to return the cat to pals if I decide not to keep it.

____ I understand that it may take months for this cat to adjust to my home.

Please check one: cat will live inside _____ outside _____ both _____

How did you hear about PALS? _____

References: Name: _____ Phone: _____

Name: _____ Phone: _____

PALS has access to information on many cat behavioral and health issues. If you are experiencing any issues with your cat, please call PALS for suggestions.

In accepting this cat from PALS, I agree to provide adequate food, water and shelter. I agree to provide vaccinations and continuing veterinary care as recommended by a licensed vet of the adopter's choice and to treat the cat humanely at all times. I am aware that animals need patience, kindness and appropriate training. I understand it may take several months for the cat to adapt to his/her new home and that if the cat is having problems adjusting that I will call PALS for guidance. I understand that animals are different from that of human beings in the response to human action and:

1. That the actions of animals are often unpredictable
2. That an animal's behavior may change after it leaves the shelter and becomes accustomed to its new home.
3. That animals should be supervised when with children
4. That PALS makes no claim or representation as to the temperament, health or mental disposition of any animal for adoption.

In accepting this animal from PALS, I agree to all of the above and to take all responsibility of ownership of this cat. I assume responsibility for all vet expenses or any damage done by the animal while in my custody. If the placement does not work out, I agree to RETURN THE CAT TO PALS SHELTER, and that ADOPTIONS ARE NON-REFUNDABLE. PALS may investigate to make sure the animal is given a good home and may remove such animal if the home is found unsuitable. I will not sell or give this animal for research purposes or for experimental or laboratory use.

It is suggested that your new cat be kept indoors for a minimum of 2 months after adoption, due to the dangers outdoors. It is suggested that the cat be kept an indoor only cat, especially if the cat/kitten has never been an outdoor cat.

As the adopter, I understand that there are no guarantees regarding this cat's health. Should any issues arise, it is my responsibility to provide whatever care is needed for this cat.

By signing this adoption form, I certify that all information in this adoption form is accurate and that I agree to all of the above.

Adopter _____ Adopter _____
Print Signature

Date: _____

Staff section

Cat's name: _____ Vet checked: yes _____ no _____

Cat currently eating _____ & drinking fresh water daily.

Staff signature: _____ Date: _____

Required adoption donation: _____

PALS NO-KILL ANIMAL SHELTER
188 CASE ROAD
WINTHROP MAINE 04364
395-4274

I understand that upon adopting from PALS No-Kill Animal Shelter that there are no guarantees regarding the health of this cat. I understand that it is my responsibility to isolate the cat from other pets for a minimum of two weeks and to monitor the cat for any signs of illness or infections. I understand that the cats at PALS may have been exposed to bacterial, viral, or fungal infections such as ringworm and/or upper-respiratory infections. I understand that it is my responsibility to provide whatever medical care and treatment is necessary once I have adopted the cat. I also understand that it is my financial responsibility to cover all expenses incurred and not the responsibility of PALS No-Kill Animal Shelter.

Cat's Name

Adopter's Name (Printed)

Adopter's Name (Signed)

Date

Staff Signature

Date