



**Wells Valley Cat Rescue**  
P.O. Box 567  
New Milford CT 06776  
(860) 421-3755

WVCR PERSONNEL ONLY  
Rabies verified: \_\_\_\_\_

### Adoption Contract

Date \_\_\_\_\_

I am adopting the cat named \_\_\_\_\_ from Wells Valley Cat Rescue. I agree to accept full responsibility for the care and well-being of the cat and agree to the following conditions of adoption:

1. I am adopting the cat in my name and I will be its legal owner. I am not adopting the cat for someone else nor will I give the cat as a gift to someone else.
2. If I find that I can no longer keep the cat, I will return the cat to Wells Valley Cat Rescue. I WILL NOT SELL, GIVE AWAY, ABANDON OR RELINQUISH THE CAT TO ANY PERSON, SOCIETY OR OTHER GROUP.
3. The cat will NEVER be declawed.
4. If I believe the cat is lost I will immediately make every effort to find it. In that event, I will advertise for the cat's return through social media and/or newspaper for a minimum of 2 weeks
5. I understand that the cat will be spayed/neutered prior to leaving Wells Valley Cat Rescue's care. Kittens will not be allowed to leave foster care until they have been spayed/neutered.
6. I will obtain YEARLY routine veterinary care for the cat, including vaccinations (FVRCP, rabies, etc), based on veterinary discretion.
7. In the event of illness or injury, I will immediately obtain veterinary treatment for the cat.
8. In the event that I fail to care for the cat properly or otherwise breach this contract, Wells Valley Cat Rescue will be entitled to retake possession of the cat through any peaceful or legal means. In the event that I do not comply with this contract and Wells Valley Cat Rescue has to bring a lawsuit as a result, I will reimburse Wells Valley Cat Rescue for its lawyer's fees and costs in doing so.

**I understand that Wells Valley Cat Rescue has made no representations or warranties with respect to the cat including, without limitation, its health, temperament or training and I therefore accept the cat AS IS and WITH ALL FAULTS. Accordingly, I release Wells Valley Cat Rescue from all liability associated with the pet once I take possession of it.**

- I understand that my cat has been vaccinated for rabies and acknowledge receipt of the rabies certificate. \_\_\_\_\_
- In accordance with Connecticut General Statutes 22-339b, I agree to have my kitten(s) vaccinated against rabies at twelve (12) weeks of age. \_\_\_\_\_
- I agree to provide a copy of the rabies certificate to Wells Valley Cat Rescue and will receive a \$25 reimbursement for the vaccine. \_\_\_\_\_
- I agree to use the rabies voucher provided by Wells Valley Cat Rescue at Valley Veterinary Hospital. \_\_\_\_\_

Payment Method:             Check # \_\_\_\_\_             Cash             Credit Card

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell # \_\_\_\_\_ Email \_\_\_\_\_