

Wells Valley Cat Rescue Deposit Agreement (860)421-3755

wvcrescue@gmail.com

Date:				
I,, the cat/kitten named,				
The balance of \$ is due upor than 12 weeks old and 3 pounds, as rabies.	-		=	-
Payment method: ☐ Check #		☐ Cash	1	☐ Credit Card
Print Name				
Signature				
Street	City	St	ate	Zip
Home/Cell #	Email			
Signature of WVCR Representative:				
*The deposit shall be returned or tra	ansferred in t	he event of the illnes	s or dea	ath of the above-

named cat/kitten.

Wells Valley Cat Rescue cannot be held liable in the event that the above-named cat/kitten becomes ill or dies prior to or after adoption.