



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

### **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. The cat will NEVER be let outside. It will ALWAYS be kept indoors.
5. If I believe the cat is lost, I will immediately make every effort to find it. I will advertise for the cat's return through social media and the newspaper for a minimum of 2 weeks.
6. I will obtain YEARLY routine veterinary care for the cat, including vaccinations (FVRCP, rabies, etc.), based on veterinarian's 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.**

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

Signature \_\_\_\_\_

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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