

## **ADOPTION CONTRACT**

Applicant name:	DL#:		
Address:			
City, state:Zip:			
Home phone:	Work phone:		
Home e-mail:Work e-mail:			
Veterinarian:			
Regarding the cat described as fo	llows:		
Name of cat:	Tracking/med record #		
Age:	Sex:		
Breed/color:			
The prospective caregiver agrees:			
<ol> <li>Never to strike or otherwise h</li> <li>Never to have the cat declawe</li> <li>All cats will be spayed or neutered distemper. All cats will be de-worm</li> <li>To ensure that the cat's vaccin upon sickness, disease or injury</li> <li>To give the original caregiver value being observed.</li> <li>If the cat must be relinquished over to a humane society, shell</li> <li>I understand that failure to permanents.</li> </ol>	ent quantities of nutritious food and fresh wat arm the cat. ed. by Friends of Giuseppe prior to adoption. All cats wil led and treated for fleas. Vaccination records will be p nations for rabies and distemper are current an	Il be vaccinated for rabies and provided at the time of adoption. In the provide veterinary care is adoption agreement are s/he MUST NOT turn the cathriends of Giuseppe.	
In return for the above conditions, the above mentioned cat. This agr	, the original caregiver agrees to allow the pros reement was executed at	spective caregiver to adopt	
	City	State	
ADOPTER	Friends Of Giuseppe		
SIGNATURE	SIGNATURE	SIGNATURE	
DATE			