



## Adoption Agreement

Date of Adoption: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

\_\_\_\_\_Alter      \_\_\_\_\_Rabies      \_\_\_\_\_Vaccines      \_\_\_\_\_ Pain Injection

### Adopted Animal Description:

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Approximate Age: \_\_\_\_\_

Adopters Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Adopters Signature: \_\_\_\_\_

- 1) On this adopted pet we, Second Chance for Cats, will be responsible for spay/neuter, rabies vaccine, distemper/panleukemia vaccine, and microchip.
- 2) All animals will be altered before Second Chance for Cats will allow transfer of ownership to its adopter's custody, with the exception of pre-natal kittens. A \$25 refundable kitten deposit required to adopt prior to 4 months old. Kitten deposit will be refunded within 30 days or receipt of proof of alteration by Second Chance for Cats.
- **3) I understand there may be additional charges at the veterinarian office when my pet is picked up. I do agree to pay any additional cost that is incurred.**

I hereby acknowledge receipt of the animal described below and understand that the Second Chance for Cats makes no guarantee with regard to the animal, whether as to ownership, temperament, behavior, health condition, or otherwise. Second Chance for Cats strives to provide you with a healthy pet. However, the stress of changing environments can lower an animal's immunity to fight disease and the pet could harbor an infection without displaying symptoms. \_\_\_\_\_(initials)

I understand that I am responsible to have my pet seen by a veterinarian should it begin to exhibit any sign of illness and I am responsible for any treatment associated with any findings made by my veterinarian. \_\_\_\_\_(initials)

**Second Chance for Cats recommends having your pet examined by a veterinarian annually to maintain the best health of your pet.**

I agree to provide a humane environment, with clean and appropriate shelter, food, water, veterinary care, and companionship for my pet. I will have my animal inoculated against rabies and abide by animal control laws, including but not limited to:

\_\_\_\_\_ (initials)

**§19-20A-2. Vaccination of dogs and cats.**

(a) A person who owns, obtains or possesses a dog or cat within the State of West Virginia shall have the dog or cat properly vaccinated against rabies with a vaccine capable of producing immunity for three years, ***boostered one year after initial vaccination and every third year thereafter.*** Dogs and cats need not be vaccinated before the age of three months, but must be vaccinated by the age of six months.

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I understand that should such occasion arise that I must surrender ownership of my pet, I will contact the Second Chance for Cats to resume custody of my pet or obtain approval for the transfer of ownership to another owner. \_\_\_\_\_(initials)

Second Chance for Cats      874 Littleburg Rd., Bluefield, WV 24701

E-mail: [secondchanceforecats@gmail.com](mailto:secondchanceforecats@gmail.com)      [www.secondchanceforcats.org](http://www.secondchanceforcats.org)



## Kitten Spay/Neuter Voucher

Please take one copy of this receipt to veterinarian to be returned to Second Chance for Cats.

Adopted Animal Description:

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Approximate Age: \_\_\_\_\_

Adopters Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Adopters Signature: \_\_\_\_\_

**Veterinarian Appointment:**

**Veterinary Clinic:** \_\_\_\_\_

**Veterinary Appointment**

**Date:** \_\_\_\_\_

SCC Volunteer

Signature: \_\_\_\_\_

This form must be received by Second Chance for Cats for you to receive \$25 kitten deposit refund.