



**Pet Information**

Adoption Date: \_\_\_\_\_ Cat ID # \_\_\_\_\_ Cat Name: \_\_\_\_\_  
Medical: Fiv/Felv Test \_\_\_\_\_ FVRCP \_\_\_\_\_ Rabies \_\_\_\_\_ Altered: Y N  
Dewormed \_\_\_\_\_ Flea Prevention Date \_\_\_\_\_ Microchip # \_\_\_\_\_

**Please Initial**

\_\_\_\_\_ I agree to adopt the Cat described above and accept the terms of this agreement. I understand and agree that Islands Feral Cat Project (IFCP) reserves the right to reclaim the Cat if any of the following conditions are not met, or if there is reason to believe that the Cat is being mistreated, abused, neglected or is in an unhealthy condition.

\_\_\_\_\_ I agree to care for the Cat in a humane and responsible manner as a member of my family, to keep the cat indoors, and to assume full responsibility for the Cat's well-being for the rest of its life, including all necessary veterinary care. I fully understand that the cost of any veterinary care following adoption is entirely my responsibility.

\_\_\_\_\_ I agree to take my Cat to a licensed veterinarian within 7 (seven) days of adoption or no later than \_\_\_\_\_ (date) for a health check and/or vaccinations.

\_\_\_\_\_ I agree not to declaw or otherwise surgically alter the Cat for any non-medically necessary purpose.

\_\_\_\_\_ I understand that the Cat is a rescue animal and these pets respond to situations differently and unpredictably. I agree to seek the guidance of a veterinary professional for any behavioral issues that may arise with my adopted cat.

\_\_\_\_\_ I agree to immediately notify Islands Feral Cat Project in the event the Cat is missing or stolen.

\_\_\_\_\_ If, for any reason I am unable keep the Cat, I will return the cat to Islands Feral Cat Project. The cat will stay in my care as a foster pet until further arrangements can be made. I will be bound by the contract of the Foster Home Agreement and expected to undertake activities to facilitate the re-homing of my Cat. This Cat will not be given to or adopted by anyone else without IFCP's prior approval. This Cat may never be surrendered to a shelter.

\_\_\_\_\_ I understand that I may be contacted for a status update on the Cat and agree to reply to such inquiries in a timely manner.

The adoption donation (not a fee or sale price) for this Pet is \$ \_\_\_\_\_ paid to IFCP from the adopter to aid with the reimbursement of veterinary, medical and other expenses of the rescuer. No Refunds are given if the Pet is returned or repossessed for any reason. **Payment Received via:** \_\_\_\_\_ check \_\_\_\_\_ cash \_\_\_\_\_ online IFCP Initials \_\_\_\_\_

**IMPORTANT NOTICE - HEALTH & TEMPERAMENT**

IFCP makes no explicit or implicit guarantees with respect to the health and/or temperament of the Cat. The adopter assumes all responsibility for treatment of any and all existing conditions or any other physical or temperament changes that may occur. I hereby acknowledge the Cat I am adopting appears to be in good physical condition and does not have any obvious health problems or signs of a contagious illness. I agree that I have received the medical history of this Cat.

I agree to release and indemnify and hold harmless IFCP, its officers, volunteers, agents, employees, contractors and representatives from any and all losses, fines, claims or damages, including reasonable attorneys' fees, arising out of or relating to my adoption, ownership or possession of the Cat, including any claims for injury or damage to persons or property caused by the Cat.

**I certify that I am at least 21 years of age and have read and understand the terms of this agreement and enter into it freely and voluntarily.**

Adopter Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Adopter Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Island Feral Cat Project Representative

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_