

c/o Summer Wind Farm P.O. Box 39 | Libertytown, MD 21762

whinnywhiskers@thefoxiegfoundation.org | www.thefoxiegfoundation.org FACEBOOK: http://www.facebook.com/TheFoxieGFoundation PETFINDER: http://www.petfinder.com/shelters/MD387.html

Laurie Calhoun | 301-667-2553 Nicole Ausherman | 301-748-6062

2016 CAT ADOPTION CONTRACT

Cat's Name:		Breed / Mix:	Age:	TFGF Tag #:	
Sex:	_Altered:	Color / Des	scription:		_Weight:
Medical at:			Origin:		
Rabies Tag #:	_ Where Rabies Shot Gi	ven:			

The parties hereto agree that the owners shall abide by the following conditions:

- 2. The cat will be treated as a family member with loving care and affection. I will do my best to ensure the cat's safety and well being.
- I will feed the cat at least once a day and will provide a continuous supply of fresh water (unless health conditions warrant otherwise.)
 The cat will be an INDOOR cat ONLY. Access to the outdoors is dangerous for the cat. The cat may be leash-walked.
- I agree to keep the rabies vaccination current and to provide routine and emergency medical care as necessary.
- I agree to NOT have the cat declawed. Declawing requires the surgical amputation of the first digit of a cat's toes. It is an extremely painful procedure that can result in unwanted behavior such as biting, aggression or refusal to use the litter box.
- 7. I am adopting the cat for myself and I agree to not sell, trade, or give away the cat without the prior written consent of TFGF.
- 8. If at any time I can no longer provide proper care for or can no longer keep the cat, I agree to return it to TFGF.
- 9. I agree to not keep the cat confined to a room or small area for long periods of time.
- 10. I agree to accept responsibility and ownership of the cat at my own risk and I release TFGF and its agents from any and all liability arising out of possession and ownership of my cat. I agree that I am assuming total financial responsibility for my pet as of the date of this contract. TFGF and its agents will not be held responsible for any damages or expenses (veterinary or other) incurred during my ownership of the cat.
- 11. TFGF makes every effort to ensure the health of adopted cats; however, we cannot guarantee their health. I agree to accept responsibility for all future veterinary care for the cat.
- 12. If not already done, I agree to have this cat sterilized and, within seven days of the surgery, to provide certification of the sterilization to TFGF. The cat must be spayed / neutered by (date).
- 13. I/we affirm that no member of my household has been convicted of an animal welfare law violation such as neglect, cruelty, abandonment etc.
- 14. In the event the cat becomes lost or dies, I will immediately notify TFGF. I will also immediately notify TFGF of any change of contact information (address, phone number, or email address).
- 15. This cat's known background and medical history have been discussed with me. I understand that TFGF has made no representation concerning the health, condition, training, behavior, or temperament of the cat.
- 16. I agree to permit TFGF to make inquiry about and enforce any of the above conditions and requirements at any time after adoption. This can include visits to my home and contact with my veterinarian. I UNDERSTAND THAT FAILURE TO COMPLY WITH ANY OF THE ABOVE PROVISIONS WILL RESULT IN FORFEITURE OF THE CAT TO TFGF. In the event the undersigned fails to comply with the terms of this Adoption Agreement, Laurie Calhoun reserves the right to commence

legal proceedings to recover the cat, and the undersigned shall be liable for all costs and expenses of Laurie Calhoun to recover the cat including damages which are assumed to be a minimum of \$5,000.00 plus attorney fees. This Adoption Agreement is Agreed Upon: Signed: _______, Adopter Date: ______

Signature warrants that the Adopter acknowledges receipt of the Processing Terms and Conditions contained within this agreement.

17. I understand that by voluntarily signing this agreement, I am entering into a legal and binding contract with The Foxie G Foundation. Breach of any term(s) of this agreement is deemed actionable by TFGF.

ADOPTER INFORMATION:

Name:	Driver's License # / State: /				
Address:	City, State Zip:				
Phone: (H)	_ (W)	(C)			
E-Mail:		Non-refundable Adoption Fee:	Donation:		
Adopter Signature:		Date:			

PLEASE PROVIDE A COPY OF YOUR VALID DRIVER'S LICENSE OR PHOTO I.D.