

**PLACE FOR CATS**  
230 East 52<sup>nd</sup> Street  
New York, NY 10022  
Land line (212) 751 2093 Mobile (917) 484 2870  
[placeforcatsinc@verizon.net](mailto:placeforcatsinc@verizon.net) / [lancastermia@verizon.net](mailto:lancastermia@verizon.net)



### **ADOPTION AGREEMENT**

#### **Cat Intake # or Information** \_\_\_\_\_

Cat's Name:	_____	Age:	_____	Sex:	_____	Microchip #	_____
Breed:	_____	Description:	_____				
Vaccination History:	Distemper 1 _____	Distemper 2 _____	Rabies	_____			
Kittens:	Distemper 1 _____	Distemper 2 _____	Distemper 3 _____				
FelV/FIV Test:	_____	Neg _____	Pos _____	Spayed/Neutered:	Y/N _____	Date:	_____
Deworm 1	_____	Deworm 2	_____	Due:	_____		
Other:	_____						

#### **Adopter Information - PRINT CLEARLY**

Name of Adopter:	_____		
Home address:	City/State	Zip	
Home phone:	Mobile		
Business/Employer's Name:	_____		
Business/Employer's Address:			Zip
Business phone:	Occupation:	Years there	
Drivers License #	State of Issue	SSN	
Email:	_____		
State what arrangements have been made for the cat(s) in the event of adopter's sudden death or incapacitation: _____			

## Present/Previous Veterinarian Information

Veterinarian Name/Business Name: _____		
Veterinarian Address: _____	Zip _____	
Veterinarian Phone: _____	Date of Last Visit: _____	
Name of previous/other pet(s): 1 _____ 2 _____ 3 _____		

## Personal Reference One

Reference Name: _____		Years known: _____
Address: _____		Zip _____
Home Phone: _____	Work Phone: _____	
Occupation: _____	Has pets? _____	Yes _____ No _____
Business Address: _____		Zip _____

## Personal Reference Two

Reference Name: _____		Years known: _____
Address: _____		Zip _____
Home Phone: _____	Work Phone: _____	
Occupation: _____	Has pets? _____	Yes _____ No _____
Business Address: _____		Zip _____

I, \_\_\_\_\_, **adopt this cat**, \_\_\_\_\_, and hereby release **PLACE FOR CATS** and all volunteers of **PLACE FOR CATS** from all claims for personal injury and/or property damage to myself or others associated with this adoption. I do not hold **PLACE FOR CATS** responsible for errors in information provided to me about this cat.

**1. I AM NOT ADOPTING THIS CAT FOR ANOTHER PERSON.** The welfare of this cat will be my sole responsibility. I understand that in the event I give false information and/or do not follow the terms of this contract, Mia Lancaster, director of Place For Cats, Inc., may reclaim this cat, begin legal proceedings against me at my expense and assess damages of \$5,000 against me.

**2. I AGREE NOT TO DECLAW THIS CAT.** I understand that declawing is a euphemism for the devastatingly painful surgery of paw tip amputation (amputation of the first joints) and that often paw amputation results in lifelong behavioral problems such as biting, hiding and urinating and defecating out-of-box because use of the paws to cover litter becomes forever associated with excruciating pain. \_\_\_\_\_ (Initial). I understand that no other country permits veterinarians to perform the excruciating paw tip amputation. \_\_\_\_\_ (Initial). I understand that if I breach this clause, Place For Cats and/or Mia Lancaster may immediately reclaim this cat \_\_\_\_\_ (Initial) and that the sum of \$5,000 becomes immediately due and owing to Place For Cats, necessary for long-term care and treatment for the injury caused by the amputation and that this sum may not be challenged or reduced for any reason in a court of law. \_\_\_\_\_ (Initial).



**I UNDERSTAND THAT HAVING A BABY IS NO EXCUSE TO MUTILATE THIS CAT VIA PAW TIP AMPUTATION.** \_\_\_\_\_ (Sign full name.)

**3. VETERINARY CARE.** After adoption, I agree that this cat's health becomes my full responsibility. I will provide this cat with the necessary veterinary care upon sickness, disease or injury. In addition, I will take this cat to a veterinarian at my expense for annual exams and shots and periodic teeth cleaning.

**4. SPAY/NEUTER.** If this cat isn't spayed or neutered at the time of adoption, I agree to have this cat spayed/neutered (circle one) **on or before** \_\_\_\_\_ and to forward written proof of same to Place For Cats within 10 days of completion of the surgery.

**5. PURPOSE OF ADOPTION.** I am adopting this cat to be my companion and agree never to permit this cat to be used for vivisection, fighting, breeding, medical or experimental causes or any other activity as to cause harm, distress, pain or hardship to this cat.

**6. RESIDENCE.** I agree to keep this cat in a private residence only and hereby verify that I have the permission from the rental agency or property owner to house this cat at my residence.

**7. SAFETY MEASURES/SCREENS ON WINDOWS.** I agree to keep this cat indoors. I verify that I have screens on my windows. I will not allow this cat to go out onto a fire escape or into any outdoor area unless the area is a fully contained, fully enclosed space such as a screened in porch.

**8. IDENTIFICATION PROTECTION.** I agree to accept the transfer of registration of microchip to me and/or to obtain and keep an I.D. tag on this cat at all times. I understand that a thin, SUEDE collar is the safest collar, and that nylon collars dangerously DISTORT and SHRINK while on the animal after only a few weeks or wear.

**9. LOST/INJURED CAT.** If this cat becomes missing or lost, I agree to notify Place For Cats immediately so that Place For Cats may assist me in finding it. I agree that in the event of death or serious injury to this cat, I will notify Place For Cats. I agree immediately to register this cat with the microchip company that governs the chip if this kitty comes chipped.

**10. SITE VISITS.** I understand that I will be contacted to verify this cat's welfare and will cooperate with PLACE FOR CATS by providing whatever information is requested. I agree that Mia Lancaster reserves the right to investigate the living conditions of the adopted cat and may reclaim and take immediate possession of this cat if in her opinion this cat has been abused or neglected or found to be kept in violation of any of the terms of this agreement.

**11. UNWANTED PET.** If I can no longer keep this cat, I will telephone Place For Cats to arrange for its re-adoption. I will continue to abide by the terms of this contract and allow Mia Lancaster/Place For Cats sufficient time to arrange for its re-adoption or transfer to foster care. Under no circumstances is this cat to be surrendered to another rescue group, shelter or city pound unless written permission is granted by Mia Lancaster. I understand that if I breach this clause, the sum of \$5,000 becomes immediately due to Place For Cats and may not be challenged or reduced and that actual damages to Place For Cats may be assessed to be even higher in a court of law, depending on the circumstances.

**I HAVE READ AND AGREE TO THE FOREGOING:**

_____ Date _____	
Signature of Adopter	
_____	_____
Print Name of Adopter	Adoption Fee      Donation
Actual costs associated with rescue & care of feline from rescue to adoption _____	