



St. Sophia's Forgotten Felines

525 W. Roosevelt Road
Wheaton, IL 60187
847-773-7639
www.stsff.org
info.stsff@gmail.com

ADOPTION CONTRACT

This document records the adoption of a cat or kitten from St. Sophia's Forgotten Felines and can be used as a primary medical record. Per State Law, St. Sophia's is required to disclose of all medical care performed (or known to have been performed) prior to adoption.

Adopter Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Driver's License #: _____
Email: _____

Payment Information:

Adoption Fee (non-refundable): \$ _____
Method: _____ Cash _____ Check _____ DC/CC

Cat Information:

Name: _____ ID #: _____
Microchip #: _____ Provider: _____
Color: _____ Breed: _____
Sex: _____ M _____ F Birth: _____

Medical Treatments

Rabies: _____ Booster: _____
FVRCP: _____ Booster: _____
Spay/Neuter: _____ Hospital: _____
FIV/FelV: _____ Result: _____
Worming: _____ Medication: _____

TERMS OF CONTRACT (please read carefully and initial each clause of the contract):

- I accept ownership of the above cat.
- I accept the cat **AS IS** and understand that St. Sophia's cannot guarantee the accuracy of information that may have been provided by third parties.
- I ASSUME ALL RISKS OF OWNERSHIP OF THE CAT, INCLUDING ANY AND ALL LIABILITY FOR ILLNESS, INJURY, or DAMAGE to or by the cat.

MEDICAL AGREEMENTS

- I shall have the cat vaccinated on schedule and provide proper and appropriate veterinary treatment at my own expense.
- I understand that St. Sophia's has provided age-appropriate medical care for this cat as required by state law and by veterinarian recommendation.
- I understand the risk of adopting a rescue cat, and that while vets have given the above cat a clean bill of health, no guarantees can be made.
- I understand that in **no case** will reimbursement be made by St. Sophia's for any medical charges after the adoption.
- Unless this cat is already declawed, I will not declaw this cat without permission by a St. Sophia's Representative (*cat **MUST** be under a year old at the time of surgery*) with the understanding that this procedure is not condoned, and in fact advised against, in St. Sophia's Medical Care Policies. **I will under no circumstances 4-paw declaw this cat.**

GENERAL PROVISIONS

- I shall house the cat at my home as a companion. I shall not sell, abandon, or give it away.
- I shall provide the proper and sufficient housing, food, water, exercise, and kind treatment at all times.
- I shall not permit the cat to run at large, be free roaming, or become a public nuisance, understanding that in many communities this is illegal.
- I shall notify St. Sophia's immediately if the cat is lost or stolen.
- I shall not permit the cat to be used for vivisection or experimentation.

RETURN AGREEMENTS

- I understand that my Adoption Fee goes toward St. Sophia's' work in caring for cats and is not refundable. *However, if within the first year of adoption it is determined that the cat turns out to be an unsuitable fit for my home (no-fault return), I agree to return it to St. Sophia's and understand that I may be entitled to exchange it for another cat within three months of return.*

I agree that I shall RELINQUISH OWNERSHIP and control of the cat to St. Sophia's IF any of the following apply:

- I cannot keep it for any reason.
- Any information provided by me on this contract and/or Adoption Application proves to be incomplete or inaccurate.
- An organization of authority contacts St. Sophia's with verified information that the cat and/or its living conditions require its repossession.

St. Sophia's Rep _____
Date _____

Adopter _____
Date _____