



St. Sophia's Forgotten Felines
 525 W. Roosevelt Road
 Wheaton, IL 60197
 847-773-7639
 www.stsff.org
 info.stsff@gmail.com

DATE: _____

FOSTER TO ADOPT CONTRACT

The Foster-to-Adopt Program is designed to allow families to keep one of our fully-vetted, ready to be adopted, rescue cats in their home for a 4-week trial basis to be sure it is a right match for their family.

Adopter Information

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

Cat Information:

Name: _____ ID #: _____
 Microchip #: _____ Provider: _____
 Breed: _____ Color: _____
 Sex: _____M _____F Birth date: _____
 Rabies: _____ Distemper: _____
 Leukemia/FIV Test: _____

The custody of the cat will be *temporary* and the cat will remain the property of St. Sophia's Forgotten Felines for the duration of the 4-week trial basis.

Until an Adoption Contract is signed, St. Sophia's Forgotten Felines has the right to continue to publicize the above cat as "adoptable" and can and will take applications for his/her adoption.

PLEASE INITIAL NEXT TO EACH STATEMENT TO CONFIRM YOU UNDERSTAND & AGREE

- ____ I will comply with all instructions provided by STSFF as to the care and maintenance of the cat
- ____ I agree to maintain the animal as my own household pet and companion.
- ____ I will provide, at my own expense, food, water, litter, shelter, exercise, grooming, and training as required
- ____ Veterinary costs for illnesses or accidental injuries sustained by the animal after it came will be the responsibility of St. Sophia's , and I will notify them immediately. Any medical treatments done without authorization of St. Sophia's will be at my own expense.
- ____ I understand that other animals in my household could be exposed to medical or behavioral conditions that have not been recognized in the foster cat placed with me by STSFF, and that STSFF is not liable for any disease or injury of my own companion animals or other exposed animal
- ____ Inasmuch, I agree to keep the foster cat separate from my current household pets and introduce them slowly as recommended by STSFF, and take measures to ensure that all interactions are supervised
- ____ A representative of St. Sophia's must be allowed to make follow-ups, either by telephone or in person, as necessary
- ____ I agree not to attempt to hold STSFF responsible for any damages which the cat may do to any person or property while in my care
- ____ If, during the 4-week trial period, I am unable to care for the animal I will immediately return the cat to the STSFF
- ____ At the end of the 4-week trial period, I will choose to either enter into an adoption contract or return the cat back to STSFF

I recognize this is an Agreement and have signed this Agreement freely and voluntarily

STSFF Signature _____

FTA Signature _____

Date _____

Date _____