



St. Sophia's Forgotten Felines

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

DATE: _____

MEDICAL LIABILITY
WAIVER AGREEMENT

NAME: _____

HOME PHONE: (____) _____

ADDRESS: _____

CELL PHONE: (____) _____

CITY: _____ ST: _____ ZIP: _____

EMAIL: _____

GENERAL CAT INFORMATION

Name: _____

Coloring: _____

Sex: ____M ____F Age: _____

Microchip #: _____ Provider: _____

The cat(s) you are adopting have been either diagnosed with, or are predisposed to a medical condition requiring treatment, therapy, a special diet, or a special environment.

This cat is:

_____ Diagnosed with: _____

_____ Predisposed to: _____

This cat needs:

_____ Medicine: _____

_____ Therapy: _____

_____ Special Diet: _____

_____ Special Environment: _____

By initialing each of the following statements you agree that:

_____ All medical information pertaining to the cat(s)' medical condition has been fully disclosed

_____ All instructions for therapy have been given

_____ Medications for treatment and their instructions for use have been given

_____ Intentions to keep up with treatment and/or therapy are held

By Signing below, you confirm that St. Sophia's Forgotten Felines is released of liability and is not responsible for any future medical claims for the cat(s) you are adopting

STSFF Signature: _____

Adopter Signature: _____

Date: _____

Date: _____