

whice The Adoption Contract

Completing the Contract & Adoption Process

THE BASICS OF FILLING OUT CONTRACTS

- Completed Contracts should be submitted to Nadia Bardack. They can be dropped off at the shelter, or can be scanned and emailed to her at folders.stsff@gmail.com.
- Contracts are 2-ply carbon copies. Please **KEEP the WHITE copy** for our records. The adopter should be sent home with the YELLOW copy.
- Scanned contracts are entered into our database so that we can track who adopted which cat/kitten. If a lost cat is found and scanned, we can easily determine whose cat it is based on the contract.
- The adoption contract **consists of 3 parts**, each of which is **VERY** important and must be completed **IN FULL** at the time of adoption. Tips on completing the contract are below.

PART 1: THE ADOPTER'S INFORMATION

ADDRESS

Make sure the address used is the CORRECT address. Sometimes the address on their application and the address on their ID are different. Verify which address is the CURRENT address right away.

If you feel you need to verify address (especially with renters), you may request to see a lease, mortgage, proof of address, letter from landlord, etc.

DRIVERS LICENSE # —

This is important if we need to contact them. We also need to determine they are who they say they are. Other acceptable IDs include state ID, student ID, passports, VISAs, or another PHOTO ID

EMAIL & PHONE —

St. Sophia's follows up with ALL adopters within at least 2 weeks of each adoption. We also put our adopters on our mailing list, and may need contact information in emergencies. Please verify that their phone number and email address are correct. You may request a secondary phone number if you wish.



PART 2: THE CAT'S INFORMATION

This information is copied over from the Summary Sheet in the Cat's adoption folder.

- ID#: T his is the ID that STSFF assigned to all of its cats. This is only found on the Cover Sheet. If you are doing an adoption and do not have this, please do not hesitate to contact Vanessa, Nadia, or Sam who can give this to you. If you can not get a hold of them, it is okay, we can always fill it in later. It is not where you think it would be on the medical pages. LOL.
- MICROCHIP #: Make sure this is legible. If you need to write it above, please feel free to do so.
- **PROVIDER:** 98% of the time this will be Home Again (HA). You can simply write HA. If it is not HA, it will be on the chip card that is in folder. Basically, if Lauren chipped cat, it is HA.
- BREED: Most of the time it will be one of the following:
 - DSH Domestic Short Hair
 - ° DLH Domestic Long Hair

MEDICAL INFORMATION

• RABIES —

If the cat is under 4 months put "too young" and write the date for when the cat will be 4 months old as the Booster Date. If the cat has already received a rabies vaccine, put the booster date as one year from the vaccination date.

• FVRCP (Distemper) —

All cats should have AT LEAST TWO vaccines prior to being adopted. You will need to write ALL of them dates down, so write small. Please try to put them in chronological order.

For example: 11/12/20; 11/30/20; 12/15/20 All on one line.

For Boosters: For Adults = boosters are done annually, so put the date as one year from the last vaccination date. For Kittens = AAFP guidelines recommend a total of 3 boosters. If they have received ONLY 2 vaccines, put "per vet recc" on the booster line and tell them to discuss with their vet (some vets prefer to do the last vaccine at the same time as rabies)

• SPAY/NEUTER —

Circle the word (eg Male = Neuter; Female = Spay) and write the date and hospital. The clinic will typically be Spay Illinois, Catnap, ADOPT, or FVAWL. *If the cat has already been spayed or neutered prior to our intake, you can write ABN/ABS*

COMBO TEST RESULTS (FIV/FeLV) —

Please put the date down that this was administered. On the Results side you can put:

- -/- if both were negative
- -/+ if FeLV was positive but not FIV
- +/- if FIV was positive but not FeLV

• WORMING —

Write down all the days they got deworming in chronological order. Make sure to write down the medication. Typically the medication used is Pyrantel (also known as Strongid).

PART 3: TERMS OF THE CONTRACT

This is the small print, and while you don't have to read everything to the adopter, it's important to make sure that they understand EVERYTHING that they are agreeing to.

Items to pay particular attention to include:

VETERINARY CARE

- ROUTINE CARE is to be provided on schedule and at the adopter's expense
- **RISK** is assumed by the adopter. We have done what is required by law. Our vet has signed off the cat as adoption ready.
- REIMBURSEMENT will not be made under any circumstances for any veterinary care after the adoption contract is signed

AT THIS TIME, IT WOULD BE WISE TO EXPLAIN PET INSURANCE OPTIONS AND DISCUSS THE VETERINARY VOUCHER.

THERE ARE SOME MEDICAL EXCEPTIONS!

PLEASE SEE THE PRE-SURGICAL CONTRACT AND THE MEDICAL LIABILITY WAIVER

REFUND POLICY

Adoption fees are NOT refundable. They do, however, allow the adopter to return the cat at any time. Even if the cat is returned within 30 minutes of adoption — we do not refund adoption fees. You may offer them a donation receipt if they request one.

RELINQUISHMENT POLICY

If the adopter cannot keep the cat for any reason, it **MUST** come back to St. Sophia's. Under no circumstances are they allowed to rehome the cat at any time for any reason of their own accord.

NO-FAULT RETURN POLICY

If within the first year of adoption, it is determined that the cat turns out to be an unsuitable fit for the adoptive home (considered a no-fault return — this may be because of age of cat, health of cat, inability for cat to co-habit with prior pets or children), the adopter MUST return the cat to the care of St. Sophia's. The adopter MAY be entitled to exchange it for another cat within three months of return.

REPOSSESSION POLICY

If the adopter falsifies information on their application or contract, OR is found to be abusive or neglectful, we have the right to demand the cats immediate surrender.



Date 4/4/20221

St. Sophia's Forgotten Felines

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

| Adopter Information | Cat Information: | |
|---|---|---|
| Name: Alice Adopter | Name: Monster Mash | K18-36 |
| Address: 12345 Maywood Street | Microchip #: 98511201050 | |
| City: Wheaton State: IL Zip: 60187 | Grey Color: | _{Breed} . DLH |
| Phone: 630-987-6543 | Sex:M X F | Birth: 4/25/2018 |
| Driver's License #: A123-4567-7891 | | DII (II. |
| Email: alice.adopter@gmail.com | Medical Treatments | 3/24/22 |
| Enton | Rabies: 3/24/21 | Booster: 3/24/22 |
| | FVRCP: 3/10/21, 3/24/21 Spay/Neuter: 7/19/21 | Booster: See vet |
| Payment Information: | Spay/Neuter: 7/19/21 | Hospital: Spay III |
| Adoption Fee (non-refundable): \$\frac{100.00}{} | FIV/FeLV: | Result: |
| Method:CashCheckDC/CC | FIV/FeLV: 6/4/21 Worming: 3/10/21, 3/24/2 | Medication: Pyrantel |
| | | |
| I accept ownership of the above cat. I accept the cat AS IS and understand that St. Sophia's cannot guaded in ASSUME ALL RISKS OF OWNERSHIP OF THE CAT, INCLUDING AN | arantee the accuracy of information that | |
| I shall have the cat vaccinated on schedule and provide proper an I understand that St. Sophia's has provided age-appropriate media I understand the risk of adopting a rescue cat, and that while vets I understand that in no case will reimbursement be made by St. Subject Unless this cat is already declawed, I will not declaw this cat with the time of surgery) with the understanding that this procedure is I will under no circumstances 4-paw declaw this cat. | ical care for this cat as required by state Is s have given the above cat a clean bill of h sophia's for any medical charges after the out permission by a St. Sophia's Represer | aw and by veterinarian recommendation nealth, no guarantees can be made. adoption. Intative (cat MUST be under a year old a |
| GENERAL PROVISIONS | | |
| I shall house the cat at my home as a companion. I shall not sell, | | |
| I shall provide the proper and sufficient housing, food, water, exe | | t in many communities this is illegal |
| I shall notify St. Sophia's immediately if the cat is lost or stolen. | which a public halbander, and erstanding the | t in many communities this is inegan |
| I shall not permit the cat to be used for vivisection or experiment | ation. | |
| RETURN AGREEMENTS | | |
| I understand that my Adoption Fee goes toward St. Sophia's' wor adoption it is determined that the cat turns out to be an unsuitab understand that I may be entitled to exchange it for another cat we have a supplied to exchange it for a | le fit for my home (no-fault return), I agre | |
| I agree that I shall RELINQUISH OWNERSHIP and control of the cat to | St. Sophia's IF any of the following appl | y: |
| I cannot keep it for any reason. Any information provided by me on this contract and/or Ado An organization of authority contacts St. Sophia's with verifi | | |
| St. Sophia's Rep Lauren E. Rizzo | Adopter Alice K. Adopter | |
| | | |

Date <u>4/4/2021</u>

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.