



**St. Sophia's Forgotten Felines**

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

DATE: \_\_\_\_\_

**Barn Placement Agreement**

NAME: \_\_\_\_\_

BARN PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**The following cats are being transferred for Barn Placement:**

	NAME	AGE	SEX (M/F)	COLOR / DESCRIPTION
1				
2				
3				
4				
5				

**The custody of the cat(s) will be permanent, and the cat(s) will become the property of your barn location.**

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

\_\_\_\_ I agree to maintain the animals as part of my barn cat population

\_\_\_\_ I agree to provide, food, water, litter, shelter as required for each cat

\_\_\_\_ I will make every effort to make sure each cat is medically treated promptly and as needed

\_\_\_\_ I agree not to hold STSFF responsible for any damages, illnesses, injuries or otherwise that happen to the cats, family members, visitors, property, or equipment belonging to my barn location, and agree that all cats are coming into our care "AS IS," that STSFF will in no ways pay any medical or financial claims on any of the cats inasmuch that the cats are now are property and our responsibility.

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

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_