



St. Sophia's Forgotten Felines
 525 W. Roosevelt Road
 Wheaton, IL 60187
 847-773-7639
 www.stsff.org
 info.stsff@gmail.com

DATE: _____

Transfer Agreement

RESCUE NAME: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____

RESCUE PHONE: (____) _____
 CELL PHONE: (____) _____
 EMAIL: _____

The following cats are being transferred to the above named rescue:

	NAME	AGE	SEX (M/F)	COLOR / DESCRIPTION
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

The custody of the cat(s) will be permanent and the cat(s) will become the property of your rescue.

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

- ____ I agree to maintain the animals as part of my rescue and adoption program
- ____ Our rescue will provide, food, water, litter, shelter, exercise, grooming, and training as required for each cat
- ____ Our rescue will make every effort to make sure each cat is medically treated promptly and as needed
- ____ Our rescue will spay/neuter all cats and kittens prior to adopting them into homes in compliance with the IL Dept of Agriculture's Animal Welfare Act
- ____ I agree not to hold STSFF responsible for any damages, illnesses, injuries or otherwise that happen to the cats, fosters, volunteers, or equipment belonging to our rescue, and agree that all cats/kittens are coming into our care "AS IS," that STSFF will in no ways pay any medical or financial claims on any of the cats/kittens inasmuch that the cats/kittens are now are property and our responsibility.

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

Signature _____

Date _____

Signature _____

Date _____