

Office Use Only

Adoption Fee: _____

Paid: ___ cash

___ check # _____



Feline Adoption Contract

This agreement is made and entered into this _____ day of _____, 20____ by and between **2nd Chance 4 Life Rescue** and the adopting individual(s) whose name(s) is printed below and will be hereinafter referred to as the "**new owner**".

Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone # (including area code) _____

Facebook Account: yes ___ no ___ Driver's License # _____

Name & Phone # of someone who will know how to reach you if you should move:

As the **New Owner(s)** of _____, I/We agree to the following:
cat(s) name(s)

- _____ 1. To provide a safe and loving home for the pet(s) for the lifetime of the pet(s). 2nd Chance 4 Life Rescue reserves the right to check on the welfare of the pet(s) at any time.
- _____ 2. If at any time, and for any reason, I/We am unable to continue to provide a safe and loving home, I/We will contact 2nd Chance 4 Life Rescue Director Lynn Leach (717-575-8704) and my/our pet(s) Foster Parent _____ from whom I/We adopted the pet(s) to assist with rehoming. 2nd Chance 4 Life Rescue shall be afforded the first opportunity to take back any animal that has been adopted from us.

Pet(s) will NOT be surrendered to an SPCA/shelter, NOT be sold, NOT be posted on craigslist, facebook, or any social media site as doing so will put the pet(s) at risk.

If arrangements are made for the pet(s) to be transferred to the ownership of a known and trusted relative or friend, 2nd Chance 4 Life Rescue must be notified and provide agreement to this arrangement by the Rescue Director. The full name, address, and phone number of the person(s) to whom ownership has been transferred must be provided to 2nd Chance 4 Life Rescue.

Returned/rehomed pet(s) must be current on vaccinations and all vet records must be turned over to 2nd Chance 4 Life Rescue and the new owner(s).

- _____ 3. To notify 2nd Chance 4 Life Rescue of any urgent problems/concerns with the pet(s) within the first 10 days of adoption so they may address these problems/concerns immediately.
- _____ 4. To keep pet(s) as an indoor cat and to safeguard from loss or mishap. Under NO circumstances will pet(s) be allowed to run at large.
- _____ 5. Have approval of my/our landlord and any persons sharing my/our household to adopt the pet(s). My/Our landlord is aware of this adoption and pets are allowed. I/we will not move to any situation where pet(s) is not allowed.
- _____ 6. To provide medical care, including yearly examinations and proper treatment for all illnesses and injuries as directed by a licensed veterinarian.
- _____ 7. Understand that the health records of the pet(s) have been disclosed and once adopted it is my/our responsibility to treat any illness and provide ongoing wellness care. Also understand that 2nd Chance 4 Life Rescue does not reimburse for veterinary care after adoption.
- _____ 8. Understand that the pet(s) has been tested for FeLV/FIV, been treated for internal parasites, and has been vaccinated and therefore will not hold 2nd Chance 4 Life Rescue responsible for anything passed to one of my/our present pet(s).
- _____ 9. To follow up with my/our veterinarian for any additional vaccinations needed, re-testing, if recommended, and/or treatment.
- _____ 10. 2nd Chance 4 Life Rescue has a policy that all pets must be spayed/neutered at 4-5 months of age. If my/our kitten is underage at the time of adoption, I/we agree to the following:
To have kitten(s) spayed/neutered by _____, 20 _____.
To not breed the kitten(s) prior to spay/neuter surgery.
To present proof of spay/neuter to 2nd Chance 4 Life Rescue by _____, 20 _____.
- _____ 11. 2nd Chance 4 Life Rescue requires that the pet(s) be microchipped. Microchipping is the easiest way of reuniting in the event the pet(s) is lost. Microchipping companies do not charge after cost of initial registration. You may buy upgraded services after your first year but they are not mandatory by 2nd Chance 4 Life Rescue or to keep the chip # in place permanently.
To have kitten(s) microchipped by _____, 20 _____.
To present proof of chipping to 2nd Chance 4 Life Rescue by _____, 20 _____.
- _____ 12. Understand that 2nd Chance 4 Life Rescue will follow up with me/us to verify spay/neuter and microchipping if proof has not been presented in accordance with #10 and #11 above AND that if I/we have not gotten kitten(s) spayed/neutered or microchipped by the dates specified, 2nd Chance 4 Life Rescue will assume ownership of the kitten(s) and a representative will be sent to pick up kitten(s).
- _____ 13. To NOT have the pet(s) declawed since doing so often results in behavior issues (no longer wanting to use litter box), temperamental issues (biting as a defense since claws are gone), and/or emotional issues (depression). Declawing is not routine surgery. A cat's claw is not a toenail, it is actually closely adhered to the bone. Declawing is an amputation of the last joint in the cat's toes.

- _____ 14. Understand that 2nd Chance 4 Life Rescue has limited information regarding the temperament, age, background, or habits of the animals in our foster care program and agree to accept the pet(s) as described. I/We understand that 2nd Chance 4 Life Rescue makes no guarantee as to the health or temperament of this pet(s). I/We agree to hold 2nd Chance 4 Life Rescue harmless for damage or injury caused by the pet(s).
- _____ 15. Allow 2nd Chance 4 Life Rescue to take photos of me(us) with our adoptee and share our adoption story for use in social media posts, newsletters, and other marketing publications.

Please Note:

- * These pets are all shelter animals or local strays.
- * They do not come with complete historical vet records and most have no prior medical history.
- * Although all of our pets are updated on vaccinations and treated for any obvious illnesses or injuries, we cannot guarantee that they have not been exposed to some unforeseen virus or bacteria before being vaccinated, coming to the shelter, or arriving at the foster home and being adopted. Even though they appear well at the time of adoption, they are still susceptible to illnesses that are NOT readily apparent at time of adoption.
- * We can only tell adopters what we know based upon prior or current veterinary care and personal observation. We do our best to disclose any health issues, but, we may have no knowledge of underlying medical or chronic conditions.

This Agreement shall be binding upon the assigns, heirs, executors, and administrators of the parties hereto. The parties hereto have hereunto set their hands the day and year above written. Failure of the New Owner to comply with the provisions of this Agreement shall result in the forfeiture of the Pet(s) to 2nd Chance 4 Life Rescue.

Further, by way of my/our signature below, I/we agree to the terms of this agreement and I am aware that this agreement is a **legal binding contract under the Laws of Pennsylvania** and that all terms of this contract will be enforced to the extent that the law permits and for the welfare of the animal.

New Owner(s) Name Printed: _____

New Owner(s) Signature: _____

2nd Chance 4 Life Rescue Representative: _____