



310 Cherokee Blvd.  
Chattanooga, TN 37405  
423-752-0737

## **Cat Adoption Agreement**

Adopter's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Adopted Cat/Kitten Description:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/ Neutered: \_\_\_\_\_

Microchip: Yes/No If Yes, Type/Number: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

I, \_\_\_\_\_ hereby agree that the above described animal is being adopted by me solely as a pet for myself and/ or my immediate family. I have also read, understand, and agree to the following; I will:

- Care for the above described animal in a humane and responsible manner; providing it with clean and adequate shelter, food, water and veterinary care upon sickness, disease, or injury.
- Not sell, give away, or otherwise dispose of said animal to any persons, dealers, auctions, institute or any other entity for any reason.
- Comply with all city, county, state, and federal laws relating to the treatment of animals, including licensing and city tags.
- Ensure that the cat's vaccinations are kept current and to continue any medical treatment this animal is currently receiving at my own expense.

- I also understand that my cat needs its claws and that I will never subject him or her to having them surgically removed.
- I understand that all other animals in household must be up-to-date on vaccinations and either spayed/neutered before I adopt, and I must show proof of this.
- I further agree that said pet shall reside inside my home and shall not be allowed to roam freely.
- A one month check-up will be required for all adoptees at no additional cost. If owner does not comply to this, the pet will be returned to the clinic without reimbursement.
- If at a later date I am unable or unwilling to keep said pet, I agree to first contact the Cat Clinic of Chattanooga and give them the option to reclaim said pet at no charge and without the reimbursement of my adoption fee.

I understand that failure to perform any of these aforementioned agreements will constitute a breach of contract. In the event of any such violation, I authorize the Cat Clinic of Chattanooga to reclaim possession of the adopted animal without reimbursement of the adoption fee.

I certify that all statements made by me on this agreement are true and correct. By signing below I acknowledge that I have read the terms of this binding contract and understand its contents and provisions fully.

Adopters Signature: \_\_\_\_\_ Date: \_\_\_\_\_