



FOR THE LUV OF PAWS II, Inc. (FLP)
 Domestic Animal Rescue/Sanctuary
 8115 W. Oatman Hwy
 Golden Valley, Arizona 86413
 (928) 897-7304
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www.fortheluvofpaws.org

FELINE ADOPTION AGREEMENT

For Office Staff*****

Cat to be Adopted: _____ **Age** _____ **Estimated DOB** _____

Gender: M/F Color: _____ **Breed:** _____ **Adoption Fee:** _____

Altered: Y/N **Spay/Neuter Deposit Applies: Y/N ...If Applies, Deposit Amount \$: _____

I/We as the Adopter(s) of this Pet Agree to the Following:

1. Have my Pet altered as appropriate for its age (**this applies only if not already altered).
2. Provide my Pet with necessary shots & medical care as needed.
3. Have my pet under my control when it is not in my house.
4. I/We agree to never Chain Up, Abuse, or Neglect my Pet.
5. Authorize FLP or their Agents to have reasonable visitation rights, an at home visit "may" apply. If this is required, I/We are aware a FLP volunteer will contact me/us at a later date. ***: X _____
6. Allow FLP to intervene if deemed necessary.
7. My Pet shall NEVER be turned over to a shelter that euthanizes animals.
8. FLP believes this animal to be in good health but cannot give any guarantees. We offer to you a free wellness check-up at the Vet of our choice (*See Certificate*). If Adopter(s) wish to use a different Vet then the expense/cost will be the responsibility of the Adopter(s). Please keep FLP informed of any serious health issues. *****:X _____
9. I/We agree to return this/these cat(s) to FLP if, for any reason, I/We decide I/We cannot keep and provide a loving home for him/her. (You may state the reason(s) for the return, however it is not necessary). FLP prefers the animal(s) be returned to us than turned in to a Municipal or "Kill" shelter. *****:X _____
10. By signing this form, I/We acknowledge all the Terms & Conditions included and that all information I/We have given is true and accurate. *****:X _____

Signature(s) _____ Date: _____
 _____ Date: _____

Adopting Parent(s) Name(s) (PRINT): _____

Forever Home Street Address: _____

Mailing Address (Required): _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work #: _____ Cell #: _____ Email: _____

Applicant's Employer: _____ Work #: _____

Reference(s) Name: _____ Phone# _____

Adopter(s) have been given: Medical Records: _____ Free Wellness Cert.: _____ Petco Form: _____ Gift Bag: _____

Adopted by FLP Representative: _____

IF YOU HAVE ANY QUESTIONS OR CHALLENGES, PLEASE FEEL FREE TO CONTACT US AT: _____

Revised 8/14