



PO Box 54, McKean PA 16426
 Phone: 814-866-5039
 Web Site - www.becauseyoucare.org
 E-mail address-bycinc@velocity.net

Feline Adoption Agreement

| | | | |
|---|------------------|-----------|------------------------|
| Cat's Name: | Breed/Mix: | DOB: | Date of Adoption: |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Description: | | |
| Rabies Tag # : | Administered by: | | |
| The parties hereto agree that the owners shall abide by the following conditions. I UNDERSTAND THAT FAILURE TO COMPLY WITH ANY OF THESE PROVISIONS SHALL RESULT IN FORFEITURE OF THE PET TO BECAUSE YOU CARE, INC. (BYC). | | | |
| 1. _____, hereinafter referred to as the cat, is being transferred to the adopting owner with the understanding that the adopter is taking possession of the cat to treat and be responsible for as their own cat. | | | |
| 2. This cat's known background and medical history have been discussed with me. I understand that BYC has made no representation concerning the health, condition, training, behavior or temperament of the cat. The cat I am adopting is a rescue animal and, as such, may have been exposed to a variety of diseases. Like human illnesses, animal illnesses can have an incubation period of up to several weeks. If the cat shows signs of illness at any point, I must take it to the vet for treatment at my own expense. | | | |
| 3. I/we will ensure the cat has an adequate diet and a fresh supply of water at all times (unless health conditions warrant otherwise.) | | | |
| 4. The cat will be an INDOOR cat ONLY. Access to the outdoors is dangerous for the cat. | | | |
| 5. The cat will be treated as a family member with loving care and affection. I will do my best to ensure the cat's safety and well being. I will never allow any physical, mental, or emotional abuse of the cat. | | | |
| 6. I will take the cat to a licensed veterinarian. I will provide all required and/or needed veterinary care, including: rabies shots as required; vaccinations and fecal checks as recommended by my veterinarian; and prompt treatment by a licensed veterinarian for any illness or injury. | | | |
| 7. If not already done, I will have the cat spayed/neutered. For BYC to pay the cost of the surgery, I MUST HAVE a BYC authorization prior to making a spay/neuter appointment. | | | |
| 8. I agree not to sell or give this animal to any person, company, organization or animal shelter. If an alternative home becomes necessary for the animal, I am required to contact Because You Care, Inc. I will also be required to care for the cat until a foster home becomes available. | | | |
| 9. For the cat's safety, I agree that the cat will be carried in a cat carrier any time it is transported. | | | |
| 10. I agree to not keep the cat confined to a room or small area for long periods of time. | | | |
| 11. I agree to permit BYC to make inquiry about and enforce any of the above conditions and requirements at any time after adoption. This can include visits to the adopter's home and contact with the adopter's vet. | | | |
| 12. I agree to accept responsibility and ownership of the cat at my own risk and I release BYC and its agents from any and all liability arising from possession and ownership of my cat. BYC and its agents will be held harmless for any damages or expenses (veterinary or other) incurred during my ownership of the cat. | | | |
| 13. In the event the cat becomes lost, I will immediately notify BYC. I will also immediately notify BYC of any change of contact information (address, phone number, or email address). | | | |
| 14. I affirm that no member of my household has been convicted of an animal welfare law violation such as neglect, cruelty, abandonment etc. | | | |
| Adopter Information: | | | |
| Name: | | | |
| Address: | | City: | State: Zip: |
| Phone: (H) | | (W) | |
| E-Mail: | | | |
| Adoption Fee: | | Donation: | Membership w/Adoption: |
| Adopter's Signature: | | | |
| BYC Rep: | | Phone # | Date: |
| As provided in Title 18, Part II, § 4105 of the Code of Pennsylvania, checks returned by the issuer's bank due to lack of funds or credit are subject to any bank charges incurred by BYC and a processing fee of \$25.00. | | | |