



Animal Name: \_\_\_\_\_ Date: \_\_\_\_\_ Type: CAT

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/St \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Own or rent? \_\_\_\_\_ Fenced Yard? \_\_\_\_\_

Number of children in household: \_\_\_\_\_ Ages of children: \_\_\_\_\_ Have children had pets before? \_\_\_\_\_

Have all adults in the household agreed to this adoption? \_\_\_\_\_ Is anyone in the household allergic to pets? \_\_\_\_\_

Please tell us about your current household pets:						
Name?	Breed?	Age?	DOG? CAT?	Gender? M/F	Spayed/Neutered? S/N	Vaccinated? Y/N
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Current Veterinarian Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Have you ever given an animal away or relinquished an animal to a shelter? \_\_\_\_\_ If yes, what were the circumstances? \_\_\_\_\_

### Conditions of Adoption

In consideration of the Southern Friends Animal Society (SFAS) agreeing to adopt the animal described above to me, I understand and agree as follows:

#### **PLEASE INITIAL ALL BELOW**

- All adopted animals must be spayed or neutered. If this has not already occurred before the adoption, I will coordinate with the adoption counselor to have this done as soon as the animal is old enough.
- To provide proper and adequate food, water, shelter, regular veterinary care and kind treatment to the adopted animal at all times.
- To adhere to local laws regarding animal control.
- If for any reason I cannot keep the adopted animal, I will return the animal to my adoption counselor, and I will not be entitled to a refund of adoption fees.
- SFAS is in no way responsible for any damage which the animal may cause to any person or property.
- SFAS is not responsible for any illnesses which were not known or readily apparent at the time of adoption.
- SFAS will not be responsible for any veterinary bills incurred after adopting this animal other than the initial shots and spay/neuter if not already completed prior to adoption.
- Any adoption fee paid is not refundable.

The issues above have been discussed and agreed upon by the Adopter.

Adopter's Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

Adoption Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_