



6807 SW Wedelia Terrace
Palm City, FL 34990
772-463-7386
Cffelines.org

FELINE ADOPTION APPLICATION

Name of cat(s)/kitten(s) you are interested in: _____

Your name: _____

Your address: _____
Street City State ZIP

Your phone: _____ Your email: _____

You live in: _____ a house _____ an apartment/condo

Do you: _____ own _____ rent
Provide landlord's name/phone _____

List your current pets (species and age(s)): _____

Who in your family will be responsible for the care of this pet: _____

Are you aware that this pet will need a veterinary visit once a year for vaccines in addition to care for ANY sickness or injury? _____ Yes _____ No

Name of your family's veterinarian: _____

Do you understand the financial obligations of owning a pet? _____ Yes _____ No

Do you understand that this is a FOREVER pet? _____ Yes _____ No

What happens to this pet if/when you move? _____

Have you read and understood the Adoption Contract? _____ Yes _____ No

PLEASE KEEP IN MIND THAT WHILE OUR ADOPTION FEE IS RELATIVELY INEXPENSIVE COMPARED TO WHAT CFF HAS SPENT ON THIS ANIMAL, OWNERSHIP IS NOT! CATS LIVE AN AVERAGE OF 15 YEARS AND RESPONSIBLE PET OWNERS SHOULD BE ABLE TO AT LEAST PROVIDE HEALTHY FOOD, A PLACE TO PLAY AND SLEEP, ROUTINE MEDICAL VISITS, EMERGENCY/ADDITIONAL VET VISITS AND LOTS OF LOVE.

Initial

SIGNATURE: _____ DATE: _____



6807 SW Wedelia Terrace
 Palm City, FL 34990
 772-463-7386
 cffelines.org

FELINE ADOPTION CONTRACT & AGREEMENT

ADOPTED CAT'S NAME: _____ **Sex:** _____ **Age:** _____ **K#:** _____
DESCRIPTION: _____

I agree that the above described cat is being adopted by me from Caring Fields Felines (CFF) solely as a pet for me and my immediate family. I agree that I will not sell or dispose of this cat in any way. If at any time I am unable or unwilling to care for this cat, I agree to contact Caring Fields Felines and allow them the right to reclaim the cat **at no charge to them**. I do realize that it is in the best interest of the cat to remain in a safe home environment and I will make all efforts to keep the cat in the family.

I further agree to care for this cat in a humane and responsible manner at all times. It is specifically understood that I/WE WILL NOT DECLAW the cat and have been told that declawing is inhumane and unnatural.	Initials
---	-----------------

I understand that CFF takes every precaution to assure the health of its adoptable cats and kittens but can make NO GUARANTEE of any kind regarding the health and or temperament of the cat that I have adopted. The cat is in good health based on a physical performed by a veterinarian. I understand that I, as the adopter, am financially responsible for the cat upon signing this document. It is possible that undetectable illnesses or conditions may be present or incubating at the time of adoption; therefore, CFF recommends that I have a veterinarian examine the cat. I have specifically been advised of the risk of infection of the cat with conditions including Upper Respiratory Infection. I hereby adopt this cat in its present condition, and I agree that I will provide all necessary veterinary care, including all yearly exams, vaccinations, and preventive medicines such as flea prevention.	Initials
---	-----------------

I understand that I can return the cat to CFF within 10 days of the date of this agreement and CFF will refund the entire adoption fee paid. I also understand that the adoption fee I paid is reasonable and is NOT refundable after 10 days from the date of this adoption agreement even if I return the cat to CFF. Cat(s) must be up to date on all vaccines and have a combo test dated within 7 days of surrender.	Initials
--	-----------------

I HAVE READ AND UNDERSTAND THE ABOVE:

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

CELL PHONE: _____

EMAIL: _____

For office use only:

Adoption fee: \$ _____ CFF representative _____

Revised 1/2021

Cash _____ Check _____ Credit Card _____

Driver's License Number and State of Issue _____