

. or ormed dec dring
Received Date:
Adoption Date:
Amt Collected: \$
Coordinator Initials:

Adoption Application

Name of Cat:	Breed:
Sex:	
Color/Markings:	
Adopter's Name:	
Address:	
	State: Zip:
	Cell Phone:
Email:	
Employer:	
Do you rent or own? If you rent, Landlord Name: Number of adults in the household:	Phone Number:
	Ages:
Are you a student?	
Do you currently have any pets?and if spayed/neutered:	If yes, provide species, age, if up to date on vaccines,
	
On average how many hours will the cat be	e left alone?

Have you ever had to g	give up a pet?	If yes, please explain
What would you do if y	ou are no longer able to	care for your cat?
Indoors only Ind	? Check all that apply: doors with supervised acss to outdoors Oth	ner, please explain.
Trimming Nails S		eck all that apply: Soft Paws Declawing
Veterinary Reference		
Name:		
City:	State:	Phone Number:
Name and species of p	pets seen by this vet: _	
Personal Reference 1	l (friend, neighbor, co-worke	r – cannot be a relative)
Name:		Relationship:
City:	State:	Phone Number:
Personal Reference 2	2 (friend, neighbor, co-worke	r – cannot be a relative)
Name:		Relationship:
City:	State:	Phone Number:

CATS IN BLOOM

102 W Main St Bloomsburg, PA 17815 570-209-9113

ADOPTION CONTRACT

Please read the following and sign below to indicate your understanding and agreement.

Conditions of Adoption:

- I will not sell, give away, or transfer this cat to another person or entity. I agree to return this cat to Cats in Bloom if I am no longer able to provide for its proper care or meet the requirements established in the adoption contract.
- I agree that this cat will be kept inside and that my responsibility to this cat includes, but is not limited to, adequate shelter (my house), water, food, and veterinary care. This cat shall not be allowed to roam outside at will.
- I will comply with all animal-related city ordinances and state laws.
- If the cat is not already surgically sterilized at time of adoption, I agree to have this procedure performed at or before the cat reaches 6 months of age. Cats in Bloom must be contacted to coordinate and cover the cost of the procedure.
- As part of the adoption contract, I agree to allow a representative of Cats in Bloom to perform a home adoption at a time convenient for both parties. A post-adoption visit is also allowed, if requested.
- I certify that I have never been charged with animal cruelty or neglect.
- I certify that this cat(s) will not be surgically de-clawed.
- I acknowledge that Cats in Bloom can make no guarantees with regard to the health of the cat I am adopting. I understand that this cat was a stray, unwanted or abandoned animal. It is possible that the cat did not receive veterinary care prior to his/her coming into rescue.
- I agree to accept responsibility and ownership of the cat at my own risk, and I release Cats in Bloom and its agents from any and all liability arising out of possession and ownership of my cat(s). I agree that I am assuming total financial responsibility for my pet as of the date of this contract. Cats in Bloom and its agents will not be held responsible for any damages or expenses (veterinary or other) incurred during my ownership of the cat(s).
- I agree that any donation or fee given to Cats in Bloom, in conjunction with the adoption of this cat, is non-refundable.

I hereby acknowledge that I have read and understand the above terms and conditions and will keep the adopted cat inside as a family member. I understand this is a binding contract enforceable by civil law. I have signed this contract intending to be legally bound.

Your signature on the next line represents that you not only understand the information, but you accept it as a binding legal agreement between you and Cats in Bloom.

Signature of applicant	Date
Printed name of applicant	
Signature of Cats in Bloom Rep	Date
Printed name of Cats in Bloom Rep	

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