

COWICHAN CAT RESCUE

ADOPTION CONTRACT

www.cowichancatrescue.org



PLEASE NOTE: AS A RESCUE WE WORK VERY HARD TO SAVE THESE KITTENS. A BRIEF HOME VISIT BEFORE THE ADOPTION IS APPROVED IS PART OF OUR PROGRAM. THIS IS TO ENSURE WE HAVE DONE OUR BEST TO MATCH YOUR NEW FURRY FAMILY MEMBER WITH YOUR HOUSEHOLD.

APPLICANT NAME:

ADDRESS:

CITY, PROVINCE:

POSTAL CODE:

HOME PHONE:

WORK/CELL
PHONE:

EMAIL:

VETERINARIAN:

PERSONS IN THE HOUSEHOLD (NAMES AND AGES):

OTHER PETS:

PLEASE INITIAL BESIDE EACH STATEMENT BELOW

THE APPLICANT AGREES:

_____ The cat will live in a private residence as a companion animal.

_____ The cat will be provided with sufficient quantities of nutritious food and fresh water each day.

_____ Never to strike or otherwise harm the cat.

_____ Never to have the cat declawed for any reason.

_____ The cat will be taken for all vaccinations as required and will ensure that the cat receives prompt veterinary attention upon illness or injury.

_____ CCR will be granted visitation rights upon request, to ensure the terms of this adoption are being met.

_____ The cat will not be relinquished to a humane society, shelter, SPCA, or other persons without the prior approval of CCR. If agreement cannot be reached the cat will be returned to CCR.

_____ All cats will be kept strictly indoors. Catios encouraged!

_____ Failure to perform all the terms of this contract will constitute a breach of contract and will entitle CCR to reclaim possession of the adopted cat.

I have read CCR's adoption guidelines on the website.

Signed at: _____ BC, on the _____ Day of: _____

APPLICANT: _____

AGENT FOR CCR: _____

Send completed Application to: mbruce8@shaw.ca

THIS SECTION BELOW TO BE COMPLETED BY CCR TRUSTEES

NAME: _____ TATTOO#: _____ SEX: _____

AGE: _____ DESCRIPTION/COAT: _____