

# St. Francis Animal Welfare Group Feline Adoption Contract\*

*Please initial, on the lines provided, after reading each stipulation. You must agree to everything stipulated here or else the adoption cannot go forward.*

I, \_\_\_\_\_ do hereby agree to the following stipulations concerning the adoption of \_\_\_\_\_ from St. Francis Animal Welfare Group.

SFAWG Feline I.D. # \_\_\_\_\_

1. I will agree to provide appropriate food, water, and shelter for the cat/kitten given to my care. \_\_\_\_\_
2. I will not hold SFAWG responsible for any liabilities incurred by this cat/kitten once it is given to my care. \_\_\_\_\_
3. I will not house this cat/kitten in an unsatisfactory fashion. \_\_\_\_\_
4. I agree to make sure this cat/kitten receives regular veterinary care, which includes following up with vaccinations, grooming, parasite control and treatment of any illness or injury. \_\_\_\_\_
5. I agree to keep this cat/kitten inside at all times. \_\_\_\_\_
6. In accordance with the recommendations from the American Veterinary Medical Association: I agree not to de-claw any cat adopted from SFAWG unless it is deemed medically necessary by a veterinarian. \_\_\_\_\_
7. If for any reason I am unhappy with the adopted cat/kitten given to my care:  
I will contact SFAWG and arrange to return the cat/kitten to their care. \_\_\_\_\_  
The cat/kitten will not be given to another individual or organization without the approval of SFAWG. \_\_\_\_\_  
Cats that have been de-clawed, in violation of this agreement, may have developed serious behavior problems making them no longer adoptable. I acknowledge that SFAWG has the right to refuse the return of de-clawed cats. \_\_\_\_\_
8. I understand after adopting this cat/kitten that it falls completely under my care, and I will not hold SFAWG responsible for any medical conditions unknown to them. I will not hold SFAWG responsible for any veterinary bills after the cat/kitten has been in my care for more than 10 days. If a medical problem is found within **10 days** of adoption, I will do one of the following. \_\_\_\_\_
  - a) Contact SFAWG and return this cat/kitten directly to them in exchange for another animal
  - b) Contact SFAWG and return this cat/kitten for a refund
  - c) Allow SFAWG to treat the illness with their veterinarian
  - d) Treat this cat/kitten at my expense and assume all responsibility
9. I further understand that SFAWG does NOT test every cat/kitten for feline aids and feline leukemia. But, rather, follows a "reasoned" approach to testing. If the mother cat is present, she is tested but NOT her litter. If no mother, a sibling is tested but NOT all siblings. If neither of these conditions apply, the individual cat is tested. Based on this approach, I understand my new pet may or may not have been directly tested and I do not hold SFAWG liable for any false negatives based on their approach to testing. \_\_\_\_\_
10. I will allow SFAWG to make unannounced visits to my home to check on the condition and well-being of this cat/kitten given to my care, if I am unreachable by other means. If SFAWG feels any of the conditions of this contract have been violated, I will allow them to reclaim this cat/kitten. \_\_\_\_\_
11. I understand there are no refunds after I have adopted this cat/kitten, except as specified in item 8. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

\*Copy this contract and give to adopter. Original is returned to SFAWG. P.O. Box 68434 Nashville, TN 37206