NAPANEE COMMUNITY KITTEN RESCUE

CHARITABLE NUMBER BN: 82911 3638 RR0001 613-770-4357/613-214-3214

Veterinarian:



ADOPTION AGREEMENT

Kitten/Cat:	Microchip Number:	

ADOPTED ANIMALS MUST BE INDOOR ONLY *THIS CONTRACT INCLUDES A NO DECLAW CLAUSE FOR OUR CATS/KITTENS*

To adopt a cat or kitten from Napanee Community Kitten Rescue you must:

Be at least 18 years of age - OR - your parent/legal guardian must complete the adoption and take full responsibility for the animal(s). Tenants must have landlord consent to approve a cat living with you. You must adhere to all laws and by-laws concerning this animal in your community. You must have identification with a current address.

Napanee Community Kitten Rescue makes every effort to ensure the best possible placement for cats and/or kittens, based on their individual needs and personalities. We are happy to work with you before and after adoption to make the transition period as easy as possible for you and the new addition to your family. We may or may not insist on a home visit prior to the adoption being approved.

By signing this agreement, I acknowledge that I am entering into a contract and agree to abide by the

SCHEDULED VACCINES/SURGERIES/TREATMENTS _____

PLEASE READ CAREFULLY AND INITIAL ALL 10 CLAUSES BELOW

- 1) The cat/kitten(s) being adopted will not be sold, adopted, or given away to any other person or party, nor will the animal to be used for any experimental/vivisection purposes whatsoever. Adopters will care for the cat/kitten(s) humanely and be a responsible guardian for its lifetime: including supplying adequate/appropriate food, clean water, shelter, attention, and veterinary care. _____
- 2) I agree that the cat/kitten(s) will not be allowed outdoors, unless on a leash or in an appropriate enclosure and never without proper supervision. _____
- 3) Napanee Community Kitten Rescue undertakes to provide healthy animals, and I agree that I have been notified about any known issues with this animal, but I understand and agree that once this agreement has been signed, adoption fee paid, and the cat/kitten(s) is in my possession, I am solely responsible for any medical costs incurred as a result of owning the cat/kitten(s). It is strongly recommended that you take this animal to a veterinarian for a complete check-up upon completion of this adoption. _____

4)	heirs, agree to hold Napanee Community Kitt	en Rescue and/or its members harmless for any and all	
	claims or injury as a result of adopting/owning	g/caring for the cat/kitten(s)	
5)	I agree, that the animal referenced in this Add	option Agreement is not to be declawed	
6)		od, the adoption fee of is "non-refundable". en Rescue for expenses incurred to prepare the er, vaccinations etc	
7)	7) I agree that Napanee Community Kitten Rescue shall be allowed to call/visit prior to, and within a month of adoption, and twice more in the year post-adoption to gather feedback on the animals health and behavior AND I agree to provide Napanee Community Kitten Rescue with updated information should I move or change phone numbers		
8)	8) If there are any problems, questions or concerns through the initial adjustment period of the cat/kitten(s) in their new home, the adopter agrees to contact us for advice/help to resolve the issue(s) or, if necessary, return the cat/kitten(s) to Napanee Community Kitten Rescue, if it appears the adoption is not working out. Please remember we are here to help you and your new cat/kitten(s) become lifelong happy companions		
9)	surrender the animal, to contact Napanee Co	the future, I cannot keep the cat/kitten(s) and I must ommunity Kitten Rescue and request assistance with Napanee Community Kitten Rescue for rehoming.	
10)	the kitten/cat is due, I will bring the cat/kitter will pay the cost of any further procedures du	for any vaccines/surgeries/treatments, and I agree that if in for these in a timely fashion. If not by the due date, I be because of not being on schedule. When dates are listed to scheduling for the adopter may be made through NCKR if	
Adop	oter	NCKR Representative	
NAME (F	PLEASE PRINT)	NAME (PLEASE PRINT)	
SIGNAT	URE	SIGNATURE	
DATE: _	(DD/MM/YEAR)	DATE:(DD/MM/YEAR)	
PAID I	IN FULL CASH CHEQUE DEB	IT ETRANSFER OTHER	
Date _	Deposit paid to I	nold Remainder to be paid	