*Sparta TNR Inc.* *N9124 State Road 162 Sparta WI 608-433-0263*

 **Adoption Contract**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and agree to the following terms of this contract in order to adopt the kitten/cat, further described within this document. I understand that non-compliance with the terms of this agreement gives Sparta TNR the right to reclaim this kitten/cat without compensation. The contract shall remain in effect for the life of the cat, or until the return of the cat to Sparta TNR

Cat’s Name: \_\_\_\_\_\_\_\_\_ Approx. Age (at adoption) \_\_\_\_\_\_\_\_\_\_\_\_Sex: \_\_\_\_\_ Spay/Neuter: \_\_\_\_\_\_\_\_

Color/Description: \_\_\_\_\_\_\_\_\_\_\_

Date of last known vaccinations and health checks:

 Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FPCT (distemper) \_\_\_\_\_\_\_\_\_\_\_ Booster Due\_\_\_\_\_

 Rabies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FeLV/FIV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 De-wormer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next Due \_\_\_\_\_ De- flea ­­­­\_\_\_\_\_\_\_\_\_ Next Due \_\_\_\_\_\_\_

Known health conditions/treatments or other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and Conditions of the Adoption Contract:**

* Adoption fee of $\_\_\_\_\_ will be collected from the Adopter at the time of adoption.
* I am the adopter, the information on the adoption application is of my own and kitten/cat will be residing at this home.
* I agree that I will keep and care for this cat in a safe and humane manner, and as a family pet and companion. The cat will have appropriate food, water, shelter, and medical care for the duration of its life.
* I will spay/neuter this kitten at age of 5-6 months
* I will not declaw this kitten/cat.
* I shall inform the Sparta TNR if I am no longer able to care for this kitten/cat or if any issues (example but not limited to allergies, moving) arise where I cannot keep this kitten/cat.
* I understand that the Sparta TNR makes no guarantees or warranties regarding the health or temperament of this cat. I agree to be fully and solely responsible for this animal.
* I enter into this contract of my own free will and understand that this is a binding contract enforced by civil law.

Adopter’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adopter’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the best of my knowledge, this cat has no defects which make it unsuitable as a family pet and all information contained in this contract is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Sparta TRN Representative Date