



1347 Spyglass Court SE, Salem, OR 97306 503-588-6924 www.cafaoregon.org

Adoption Contract

I understand that adopting a cat is a serious commitment as this pet will be a member of my family. I will be responsible for this cat's welfare and wellbeing to the best of my ability. I agree to the following:

I agree that this cat will be living indoors only and I will provide vaccinations and necessary medical care by a veterinarian for the rest of this cat's life. _____

I agree to give my new cat every opportunity to adjust to his/her new home. If we cannot meet each other's needs, I will call CAFA and make arrangements to return the cat. I will NOT take him/her to any other local facility, give him/her away, or sell him/her. I understand that CAFA will allow his/her return at any time. _____

I will not declaw this cat as it is a brutal practice accurately known as partial digital amputation. If scratching problems arise, I will contact CAFA for assistance to help resolve any problem. _____

CAFA discloses any known medical conditions. If health problems arise after adoption, treatment is my responsibility. _____

Your cat has been micro-chipped with Home Again, CAFA has registered your cat. To keep your cat's registration up to date got to: www.homeagain.com and type in the microchip number.

If any questions or concerns arise, please will contact CAFA at 503-588-6924 or cafaoregon@yahoo.com

Signature of Adopter: _____ Date _____

Adopter's Name (please print): _____

Adopter's Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____

Email: _____

Name of Cat(s): _____ Fee: _____