



CAFA Adoption Form

Cat's Name: _____

1347 Spyglass Court SE, Salem, OR 97306 Phone: 503-588-6924 www.cafaoregon.org cafaoregon@yahoo.com

Name: _____

Address: _____

City/State/Zip: _____

Telephone(s): _____

Email: _____

What pets do you own now? _____

In the past? What happened to them? _____

Will you be able to handle the medical expenses in case he/she becomes ill? Yes No

Name/Address/Phone of Your Vet: _____

Will this cat be an indoor only cat? Yes No If not, why not? _____

Do you own? Yes No Do you rent? Yes No Does your landlord permit you to have a pet?

Landlord phone # _____

CAFA feels strongly that cats should never be declawed. This is very painful surgery as it is partial digital amputation—removing part of the finger of the paw. Will you agree to NOT declaw this cat? Yes No

How will you handle scratching? _____

If for any reason, you cannot keep this cat, you will contact CAFA and return the cat to us _____ Agree

The adoption fee helps to cover the medical costs for this cat as well as other cats brought into our adoption program. 100% of this fee goes to the cost of medical care for our rescued kittens/cats.

By signing this form I am agreeing to the above statements.

Name

Date