

PALOMINO VALLEY PET RESCUE, INC
1285 BARING BLVD #276, SPARKS NV 89434
(775)358-5527

Adoption contracts: Cats/Kittens

Name: Last _____ First _____

Address: _____ City _____

State _____ Zip _____ E-Mail _____

Phone(day) _____ Phone(eve) _____
Or cell _____

1. Are you a current or previous cat/kitten owner? **Yes No** (circle one)
If current cat/kitten owner, what is the number of cats/kittens currently at your household? _____
2. Why do you want to adopt a cat/kitten? _____

3. Do you plan to declaw? **Yes No** (circle one) _____ initial
4. Do you plan on keeping cat/kitten indoors? **Yes No** (circle one) _____ intl.
5. Who will be primarily responsible for the cat/kitten. _____
6. How will you handle any behavior problems if any were to arise? (scratch furniture, not chew plants etc.) _____
7. Cats/kittens require annual check ups and vaccinations are you willing to provide this for your cat/kitten? **Yes No**
8. Do you have a veterinarian? **Yes No** If so may we contact them for reference? **Yes No**
Name of vet _____ Phone _____
If you do not have a vet would you like us to recommend one? **Yes No**
9. Are you interested in adopting or fostering an animal with special needs (medical/behavior)? **Yes No**
10. Cats often live longer than 15 years; are you ready to take responsibility for his/her life? **Yes No** (circle one)

(1) name/ID# _____

Palomino Valley Pet Rescue cat/kitten

11. We make every effort to ensure that the animals are healthy prior to adoption. We do encourage you to take him/her to your vet one to two weeks after bringing him/her home. This will help establish a good relationship early on with your vet. Intl _____

FAMILY INFORMATION

12. Do you have any other pets? If yes please list below, use back if needed.

	Type	approx. age	sex	spay/neut.	Current on vaccination
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

13. Number of adults (over 18) in your household? _____

14. Number of children in your household? _____ ages _____

15. What type of residence do you live in? _____

16. Do you rent / own? _____ Length of time at residence _____

17. If renting we will need to contact your landlord for verification of pet ownership.

Landlord name _____

Phone number _____

or

Please provide proof (rental agreement) stating the permission to own a pet.

18.a Would you object to a home visit from one of the staff members of Palomino Valley Pet Rescue, Inc. to insure that it is secure for the pet, before the animal goes home? **NO**, I would not object to a home visit. _____ initial

Yes, I would object to a home visit. _____ initial

18.b Would you object to Palomino Valley Pet Rescue doing a **follow up check** on the cat/kitten approximately 2 weeks after the adoption? Either by phone or home visit? **Yes No**

19. If you feel the need to return the cat/kitten for any reason, please feel free to do so back to us at Palomino Valley Pet Rescue, Inc. **However, due to the large numbers of cats/kittens in rescue, you may be asked to hold the animal you adopted until we can find a foster or permanent home.** You may receive a credit for up to 90 days for another animal, **however we do not offer refunds the adoption fees are considered donations to the rescue.** _____ initial

(2)

name/ID# _____

20. Palomino Valley Pet Rescue, Inc. reserves the right to take the animal back, without a refund or exchange, if we feel the animal is not being cared for according to our adoption contract agreement.

As part of our adoptions, our cats/kittens are spay/neutered, microchipped and current on vaccinations.

I certify that all of the information is true and understand that false information may result in contract being void. I also understand that failure to comply with the conditions set for the in the adoption contract could result in the availability to adopt from Palomino Valley Pet Rescue, Inc. in the future.

Signature
I.D verification
Drivers license# _____ State _____ Exp _____
Employee initial _____

Date

Paid _____ Date _____

Adoption Fee (donation) amount \$ _____

Animal name _____ ID # _____

**If you need to contact us and it is an emergency, please call (775)358-5527
Terri cell (925)963-9140**

ANIMAL INFORMATION

PALOMINO VALLEY PET RESCUE, INC. (775)358-5527

1285 Baring Blvd. #276 Sparks, NV 89434

Terri Cell (925)963-9140

Animal ID # _____ Animal name (if applicable) _____

By signing this contract, I agree that the Cat/Kitten being adopted by me is to be a member of my family and will be considered as such if there are any "life changes" ex, moving/ relocating / family changes. His/her welfare will be included in these "life changes."

I have read and understand all of the information about the animal listed above and agree to all terms of adoption agreement.

Signature

date