

Cat Adoption Agreement



This is an agreement between the adopter _____ and Life is Better Rescue (LIBR).

Animal's Name: _____ Sex: Male Female Altered: No Yes
Age (estimated): _____ Microchip: _____ Rabies: N/A Yes
Breed: _____ Color/Markings: _____ Weight: _____ (at adoption if less than 12 weeks)

The following representations and conditions apply to your adoption of the aforementioned animal. Please read carefully as by signing this document you indicate you understand and agree to comply with each item listed.

- _____ There is no guarantee of health or temperament of the animal you are adopting, and you release LIBR from any and all claims of liability.
- _____ I agree to keep the animal in good health, including exercise to maintain appropriate weight. I will provide routine health care including, but not limited to, vaccinations, internal and external parasite prevention, and general visits to the vet to ensure proper maintenance.
- _____ If for whatever reason I cannot keep the animal, I agree to inform LIBR immediately; LIBR reserves the first right to reacquire the animal.
- _____ I am aware that an LIBR representative may do a scheduled home visit, at any time, to insure the well being of both the animal and the family members.
- _____ LIBR retains the right to repossess the animal at any time if there is any evidence of neglect or abuse, or if LIBR has good reason to believe that the home is not in the best interest of the animal or the owner.
- _____ I understand that after I take the animal home the animal may be returned within 5 business days (unless other arrangements have been made and agreed upon by LIBR) for a refund of the remaining adoption fee, less the \$50 non-refundable portion.
- _____ Animals are not to be left outside unsupervised, unless otherwise agreed upon. The animal will also sleep indoors at night.
- _____ I agree not to declaw (either partial or full) unless I have first contacted LIBR and it is determined there is no other humane option available.
- _____ I understand that my animal has had its initial vaccinations I agree that I am responsible for any remaining vaccinations, including rabies. If the animal being adopted is under 6 months of age, I understand that more vaccinations may be required and I agree that I will provide these vaccinations at my own expense.
- _____ I have received the Colorado Department of Agriculture rabies prevention flyer, medical records and Acquisition Record for my animal as part of my adoption packet.
- _____ I have received KNOWN injury, illness, or abnormality (health or behavioral) notes from the rescue at the time of adoption.
- _____ This contract is a binding contract between me and LIBR, which may be enforced by LIBR through judicial proceedings, including the right to recover the animal due to my breach of this contract. I hereby agree that in the event I breach this contract, and LIBR files suit to enforce this contract, or to defend any claim under this contract, I will pay any court costs and attorney fees incurred by LIBR in connection herewith.

In consideration of my acceptance of assuming ownership the aforementioned animal from LIBR, I hereby release and discharge, indemnify, defend and hold harmless, LIBR and its Board of Directors, its volunteers, agents, members and other individuals and entities contributing support, from any liability for damage to or loss of personal property, sickness, injury from whatever sources, legal entanglements, imprisonment, death, loss of money, etc. which may occur as a result of my adoption. My participation is strictly voluntary and I assume all risks inherent and unforeseen. I have read and fully understand the terms and conditions of this release. I further understand that these provisions are binding and enforceable by law.

I have read, understand and agree and to the provisions of this contract.

_____ Adopter's Printed Name (required)	_____ Date
_____ Adopter's Signature (required)	_____ Phone Number (required)
_____ Street Address (required)	_____ Driver's License # (required)
_____ City, State, Zip (required)	_____ Email Address

For Office Use Only:

_____ LIBR Representative Printed Name	_____ Date
Adoption amount \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Charge <input type="checkbox"/> CO Gives <input type="checkbox"/> PayPal	Donation \$ _____