



Kitty Harbor Adoption Application & Contract

Personal Information

Name(s): _____

Address: _____
Street Apt # City Zip Code

Phone #: () _____ Email: _____

You live in a: House Apartment Condo Other _____
Please Explain

If renting, are you pre-approved to have a pet? Yes / No Manager's Phone # _____

How did you hear about us? _____

List all people your new companion will be living with, full & part-time:

Name	Age	Relationship

Please list all pets living with you now:

Name	Species	Age	Spayed/Neutered?	How long?

Cat Care & Well-being

Will this cat(s) be indoor or outdoor? _____ Do you live on a main street? _____

Do you believe in declawing? _____
Please Explain

Do you believe in spay/neuter? _____
Please Explain

Have you surrendered companion animals in the past? _____
Please Explain

How many hours a day will your pet be alone? _____

Do you plan to supply a scratching post for this cat? _____

What happens to your cat(s) when you go on vacation? _____

Under what circumstances would you have to give up this pet? _____

A normal lifespan is 18 – 22 years with the proper care and protection (from cars, coyotes, illness, etc).
Are you prepared to care for this pet its entire life? _____

Please fill out both sides!



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Adoption Contract

Do you agree to supply all the proper vaccines, grooming, nutritional and physiological (love & environment) needs associated with the care of this pet? _____

Do you agree to make the necessary arrangements to secure your pet's happiness should he/she survive you? _____

I, _____, agree to have this pet examined by a licensed veterinarian within seventy-two (72) hours of adoption. If the medical findings show a debilitating genetic defect or serious life threatening disease, this pet may be returned for another of equal value or cash back of adoption fee. ASHA guarantees the health of adopted pets for 72 hours only. Pets are not guaranteed against temporary adverse responses to changes in their diet or the stress of entering a new home. All veterinary fees are the sole responsibility of the adoptee, unless verbally agreed to be ASHA in advance of the receipt of care. Should I decline this examination any return guarantees are null and void. If I choose to return the adopted pet(s) for reasons stated above, ASHA must be notified within 24 hours of the medical exam and supplied copies of all test results and veterinarian findings to substantiate the claim.

I promise to have this pet(s) spayed/neutered within ____ month(s) or adoption. _____
Please Initial

I understand that this pet is my responsibility for its entire natural life. Should I not be able to take of him/her in the future, I will do everything in my power to find him/her a new home. I promise not to abandon the pet(s) adopted today or surrender it/them to an animal shelter. If I am unable to find the pet(s) a suitable home, I will contact ASHA for assistance. _____
Please Initial

Adoptive Parents (please print names): _____

Signatures: _____

Date: _____

FOR OFFICE USE ONLY	
Female <input type="checkbox"/> Male <input type="checkbox"/> Altered? Yes <input type="checkbox"/> No <input type="checkbox"/> Age: _____ Color: _____ Description / Name / Number: _____ Adoption Fee: _____	
Female <input type="checkbox"/> Male <input type="checkbox"/> Altered? Yes <input type="checkbox"/> No <input type="checkbox"/> Age: _____ Color: _____ Description / Name / Number: _____ Adoption Fee: _____	
Female <input type="checkbox"/> Male <input type="checkbox"/> Altered? Yes <input type="checkbox"/> No <input type="checkbox"/> Age: _____ Color: _____ Description / Name / Number: _____ Adoption Fee: _____	
Notes/Other Purchases/Donations: _____	Staff Member: _____