

KITTY CONNECTION INCORPORATED 6 Cudworth St. ◆ Medford, MA 02155 781-393-9995 ◆ www.kittyconnection.net ◆ kittyconnectioninc@yahoo.com

Pre-Adoption Agreement - Cats

Name:	Phone (H):	(W):	(C):		
Address:					
Street	City/Town	State	Zip Code		
Residence: () House () Condo () Apartment *** () Tax or water bill provided to verify ownership					
If you rent, are there any restrictions in your rental ag	reement regarding pets? (()Yes ()No			
Landlord's Name: P	Phone:	Address:			
 () Yes () No - Children living in the household? Ages: () Yes () No - Senior citizens living in the household? () Yes () No - Other pets in the household? Age? ()Dog ()Cat ()Bird ()Other () Yes () No - I do not own a pet now. I have owned a pet in the past. Type of pet: What happened to pet: 					
() Yes () No – My present pets are spayed/neutered. () Yes () No – Up-to-date on vaccinations If no why not:					
Why do you wish to adopt this pet? () Companions					
() Yes () No – Will the cat be allowed to roam from		No - Are you planning on	moving in the near future?		
How will you handle the cat scratching the furniture? What would happen to this pet if you encountered pro		l, moving, etc.) and could no	o longer keep it?		
Name of the veterinarian you will use:		City:	Phone:		
Employer's Name:	Supervisor: _		Telephone:		
Address:					
Street	City/Town	State	Zip Code		
If you choose an animal that you wish to adopt, but dedeposit is required. The deposit will be deducted from deposit will be kept by Kitty Connection and applied	n the adoption fee. If you				
Amount of payment: \$ Met	thod of payment: () Ca	sh () Check, check	a number:		
This payment represents: () Non-refundable payme	nt in full for adoption fee	() Non-refundable depos	it		

() *IMPORTANT: Please read this paragraph and then initial the box*. I understand that all animals require ample time to adjust to new homes after adoption. I agree that I will not sell, give away or otherwise dispose of my adopted pet to any person, dealer, retailer, auction, institute or any other entity for any reason. If for any reason I am unable to keep my adopted pet, I agree to contact Kitty Connection. Kitty Connection has the right to reclaim this pet at no charge, and without refunding my adoption donation. I recognize that all animals can be carriers of various diseases, which can affect the health of other animals in my home, and for which Kitty Connection has no liability. I acknowledge that I am responsible for the payment of all medical costs and veterinary care that my adopted pet requires after adoption, and that Kitty Connection makes no representations or warranties, express or implied, as to the future health of my pet. I recognize that Kitty Connection also makes no representations or warranties, about my adopted pet's temperament or the suitability of this pet to me and/or any other person, and is hereby absolved from any liability for future damages or injuries caused by this animal. This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts. Any suit, action or proceeding arising out of or relating to this Agreement shall only be instituted in the County of Middlesex, Commonwealth of Massachusetts.

All information contained in this questionnaire is subject to verification. It is the policy of Kitty Connection that all pet adoptions are based solely on the mutual best interest of both the pet and the prospective owner. Any intentional misrepresentation by you on this form will disqualify you from the adoption program. If Kitty Connection discovers that I have not complied with the terms of this Agreement, I recognize that it may permanently confiscate my adopted pet from my care without refund of my adoption donation.

Signature:	Date:	E-Mail Address:	
Driver's License No.:	Registration No	Date of birth:	Revised 4/26/11