

Gahanna Animal Hospital Adoption Contract

There is a 48-hour waiting period for adoptions.

The 48 hours begins after the adopter has visited with the adoptee and submitted a contract in person at the physical establishment of Gahanna Animal Hospital. The adoption fee includes vaccinations already administered, spay or neuter at 6 months of age, and 10% discount off any adolescent vaccinations not already given.

Adult \$60
Male kitten \$80
Female kitten \$100

Name of pet(s) you are interested in adopting: _____

Personal Information:

Name _____

Address _____

City, State, Zip: _____

Home Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____

Work Phone: (____) _____ - _____ Email Address: _____

How long have you lived at your current address? _____ Years _____ Months

Do you rent or own? _____ Rent _____ Own

If you rent, provide Landlord name, address and phone: _____

Do you have permission from your landlord to get a cat? _____ Yes _____ No

Are you aware of pet deposit and monthly fees (if any) required? _____ Yes _____ No

Would you declaw the cat if scratching was a major issue? _____ Yes _____ No

What is your family's lifestyle like? _____ Active and on the go _____ Quiet and relaxed

_____ Entertain frequently _____ Lots of kids in and out _____ Travel frequently

Do you have children? _____ Yes _____ No

If you have children, please list name(s) and age(s):

Name	Age

So, you want a cat?

Why did you decide to get a cat? _____

What are you looking for in a pet? _____

Who will be responsible for taking care of the cat? _____

Where will the cat stay when no one is at home? _____

Who will care for your cat when you are out of town (vacation, etc.)? _____

Under what condition(s) would you have to give up your cat? _____

Current and Previous Pet Information

Please provide the following information about your current pets:

Name	Breed	Age	Are they up to date on vaccines	Spayed/Neutered
				_____ Yes _____ No
				_____ Yes _____ No
				_____ Yes _____ No
				_____ Yes _____ No
				_____ Yes _____ No

If applicable, please provide the following information about any pets you have had in the last 5 years that are no longer with you:

Pet Name and Type	Reason Pet Is No Longer With You

Current Vet Name: _____

Practice Name: _____

Address: _____

City, State, Zip: _____

Phone Number: (_____) _____ - _____

Agreements for Adoption:

I am prepared to make a 5 to 15 year commitment to my cat.

I will keep my cat on a regular routine of internal worm preventative.

I will provide flea/tick control as needed.

I will work with my vet and agree on a regular schedule for wellness visits, inoculations, and any other tests we agree are necessary for the health and well-being of my cat.

My cat will be an indoor only cat and an important member of my family.

If, for any reason, I am unable or unwilling to keep this cat, I agree to work with Gahanna Animal Hospital to place the cat in a good home.

I am financially able to provide routine and emergency care for this cat for his/her lifetime. This includes but is not limited to food, boarding (if necessary), regular vet care & vaccinations, internal worm preventative and flea and tick preventative.

Signature: _____

Date: _____

Print Name: _____

Thank you for your interest in our pets!

Office Use Only

Vet Check
Landlord Check
FDRC_ Due on _____ FeLV _ Due on _____ RABF1 due on _____ Bath/TNT <input type="checkbox"/> FLFIV test result <input type="checkbox"/>
Comments
Approved <input type="checkbox"/> Conditional approval <input type="checkbox"/> Denied <input type="checkbox"/>
By _____ Date _____