

Adoption Contract

I agree to the adoption fee of \$ _____ and I understand and agree to the following as evidenced by my initials and signature below. (Spayed/Neutered Cat - \$60, Unaltered Male Kitten - \$80, Unaltered Female Kitten - \$100)

To be considered a candidate to adopt, you must meet all the requirements listed below.

Please **initial** next to each statement to confirm that you meet the requirements.

_____ I am prepared to make a commitment to my new cat for the rest of its life.

_____ My current and/or previous pets have had a consistent vet history of routine visits and have been kept up-to-date on vaccines. I will work with my vet and agree on a regular schedule for wellness visits, inoculations, spay/neuter, and any other tests we agree are necessary for the health and well-being of my pet.

_____ My previous pets have been indoor only. My new cat will be an indoor only cat and considered an important member of my family.

_____ I have not surrendered/gotten rid of any pet(s) in the past. If, for any reason, I am unable or unwilling to keep this new 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.

_____ If this cat/kitten should exhibit any signs of illness within the next 5 days, the Gahanna Animal Hospital coordinator (MonicaE.gah@gmail.com) should be notified immediately to get a treatment plan at Gahanna Animal Hospital.

_____ Gahanna Animal Hospital is not liable for any medication condition or costs that may occur in the health of the cat/kitten incurred by me in the treatment of the medical condition or injury by a veterinarian after 5 days from adoption.

_____ If this cat/kitten should prove to be unsatisfactory for any reason or I determine that I cannot care for the cat/kitten within 14 days of adoption, I will return the cat/kitten for a full refund. Anything past the 14 days may be returned with no refund.

Signature: _____ Date: _____

Print Name: _____

GAHANNA ANIMAL HOSPITAL

Adoptee Information

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, 50% off microchipping and 10% discount off any remaining adolescent vaccinations.

Spayed/Neutered Cat \$60 - Unaltered Male Kitten \$80 - Unaltered Female Kitten \$100

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

Potential Adopter Information

Name: _____

Are you 18 years or older? Yes _____ No _____

Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ - _____

Mobile Phone: (_____) _____ - _____

Email Address: _____ **(This is how you will be contacted)**

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

Do you rent or own? _____ Rent _____ Own

If you rent, provide Landlord name and phone: _____

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

Are you aware of pet deposits and monthly fees (if any) required? _____ 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):

Adoption Questionnaire

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?

GAHANNA ANIMAL HOSPITAL

Current & Previous Pet Information

Please provide the following information about your current pets.

All pets are required to be up to date on vaccines, heartworm/flea prevention, and spayed/neutered!

Name	Species & Breed	Age	Vaccines up-to-date?	Spayed/Neutered?
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

If no is marked, explain why: _____

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

Name	Species & Breed	Age	Vaccines were kept up-to-date?	Spayed/Neutered?	Reason pet is no longer with you
			Yes No	Yes No	
			Yes No	Yes No	
			Yes No	Yes No	
			Yes No	Yes No	

Current and/or Previous Animal Hospital Name: _____

Animal Hospital Address: _____

City, State, Zip: _____

Animal Hospital Phone Number: (____) _____ - _____

GAHANNA ANIMAL HOSPITAL

Office Use Only

Vet Check:
Landlord Check:
FDRC_ Due on _____ FeLV _ Due on _____ RABF1 due on _____ Toenail Trim Done: _____ Flea Prevention Last Applied: _____ FLFIV test result: DOB:
Comments:
Approved Conditional Approval Denied By: _____ Date: _____