

## 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.

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](mailto: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: \_\_\_\_\_

## 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.

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

Please list the names and ages of everyone who lives in the house:

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**Adoption Questionnaire**

Why did you decide to get a cat?

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What are you looking for in a pet?

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Who will be responsible for taking care of the cat?

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

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

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

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**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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office Use Only

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