



Micro-Chip Number _____ Maker _____

Date: _____ Name of feline: _____ Adoption Fee: _____

Your Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Other _____

E-mail _____

Do you live in a House Apartment/Condo Do you own or lease your home? _____

If you lease, you must supply paperwork showing that your pet requirements have been met.

Landlord's name _____ Landlord's Phone _____

I have lived here for _____ years _____ months Will this be your first cat? _____

Do you own other pets? _____ Has this pet been around cats before? _____

Are your other pets: Spayed/Neutered _____ Up to date with shots _____

Who is your Veterinarian? _____ Telephone _____

What kind of pets have you had during the last 5 years? _____

What happened to the pets you no longer have? _____

Have you ever turned your pet into a shelter? _____

Does any person living with you have any known allergies or illnesses to cats/kittens? _____

Do any and all roommates agree to this adoption? _____

Do you have a cat/dog door? _____

Are you employed? _____

Employer _____

Address _____

City _____ Zip Code _____ Telephone _____

Personal References:

1 _____ Telephone _____

2 _____ Telephone _____

3 _____ Telephone _____

As the Pet Adopter, I agree to the following:

(Please initial each line.)

- Proof of home ownership or rental agreement stating pets are allowed _____
- I am 18 years or older _____
- As the adopter, I will keep the cat as a strictly-indoors pet. _____
- In the event the adopter becomes unable or unwilling to keep or properly care for the cat, the adopter will agree to return the animal to CAMLI. _____
- Adopter will agree that the animal will at no time be used in any form of medical experiment or research, or any form of cultural or social ritual or practice in which the animal is in any way harmed, threatened or subject to deprivation of any kind. _____
- If the animal becomes sick, disappears or dies within 3 months, please notify CAMLI. _____
- Adopter will consult with an adoption volunteer before de clawing cat/kitten. _____
- Adopter understands that the animal has been rescued and its complete medical condition and behavior history is generally not known to CAMLI. Every reasonable effort has been made to ascertain the animal's good health, but not every condition or disease can be ruled out. Cats Are My Love, Inc. requires you to take your new pet to a veterinarian within the first 10 days of being adopted for a well-kitty check up. You may either use one of our veterinarians or your own. If you chose to use one of our doctors, the first visit is complimentary. Should your new pet become ill within the first 10 days, and you have taken him/her to a veterinarian, Cats Are My Love, Inc. will provide the medicine the doctor has prescribed. _____
- Adopter will agree that CAMLI reserves the right and will exercise, at their discretion, the ability to reclaim any animal if there is reason to believe the home is not fit or the terms of the adoption are not being carried out. Adopter further agrees to allow CAMLI onto the adopter's property where the animal is kept for the purpose of retrieving pets under these circumstances. _____
- We have a 48-hour "change of heart" policy. The 48 hours begins on the day the cat/kitten is adopted. A refund check for the full amount of the adoption will be issued 30 days after the cat/kitten is returned to Cats Are My Love, Inc. _____

Adopter Signature

DL#

Cats Are My Love, Inc. Representative

Date