



# Purr-Sonal Care Cat Clinic

541 Ansborough Ave.  
Waterloo, IA 50701  
319-232-2228

## OFFICE USE ONLY

Adoption from litter \_\_\_\_\_

Description \_\_\_\_\_

APPROVED      DENIED

Adopter(s) names: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Adoption Agreement

(This is a legally binding contract so read all terms carefully.)

By the adoption of this kitten and by signing this agreement I am agreeing to the following terms:

1. The kitten/cat(s) will be **spayed** or **neutered** by **six months of age**, or **within one month of adopting** the kitten/cat(s).
2. The kitten/cat(s) must be kept **current** on **vaccinations and yearly examinations**. (Boosters every 3 weeks for kittens and **yearly** for adult cats.) I agree to keep this kitten/cat(s) in my house and will **NOT** let it outside for any reason – even if kept on a leash and under supervision.
3. I agree to relinquish ownership of this kitten/cat(s) to the Purr-sonal Care Cat Clinic if I cannot keep it for any reason. I agree not to sell, abandon, or give away this kitten/cat(s). If for any reason I *cannot keep* this kitten/cat(s) I will *contact Purr-Sonal Care Cat Clinic about alternate arrangements*. Please notify our office if the kitten/cat(s) is lost or killed.
4. I also agree to have a veterinarian examine this cat if it should become sick or starts to urinate outside the litter box. This kitten/cat(s) also needs to be kept on a high-quality cat food (**Science Diet**) to *prevent these health issues*.
5. If necessary, I agree to the **two-day adoption waiting period** for the Purr-sonal Care Cat Clinic. This allows PCCC to assess if I am qualified to take ownership of this kitten/cat(s) and will also warrant time for a final examination before the cat/kitten enters my home.
6. If I am approved to adopt, I understand the kitten/cat(s) is **not allowed** to leave the clinic unless in a **SAFE** and **SECURE PET CARRIER**, appropriately sized for the kitten/cat(s). Baskets, boxes, or other such items will not be considered a carrier.
7. The adoption fee is non-refundable, even in the event the kitten is returned to PCCC.
8. I certify that I am at least 18 years of age. This makes me legally and financially responsible for the care of this cat/kitten. (No adoptions will be done for minors without a co-signer for the adoption...must sign co-signer adoption agreement.)
9. I will not, under any circumstances, take this kitten to a farm or mixed animal clinic for veterinary care. Should I choose to take this kitten to a veterinary clinic besides PCCC, I will provide proof of vaccination and spay/neuter. Failure to provide proof of vaccinations and/or spay/neuter will be considered breach of contract and the kitten could be repossessed.

Please understand that your **APPROVAL IS NOT GUARANTEED** for adoption of the kitten/cat(s). Purr-Sonal Care Cat Clinic reserves the right to refuse/deny any person wishing to adopt for any reason.

By signing this agreement you understand and agree to the terms above. Failure to comply with any one of the above terms could result in repossession of the kitten by Purr-Sonal Care Cat Clinic. I understand that this is a legally binding document.

\_\_\_\_\_  
Adopter's Signature

\_\_\_\_\_  
Adopter's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Witness's Printed Name

\_\_\_\_\_  
Date