



**friends
of feral
felines**

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FACEBOOK
http://tinyurl.com/FoFFonFB

BARN CAT ADOPTION AGREEMENT

You can fill in this form on-screen; just click on a field and type. Use your tab key to move cursor among fields. When form is completed, you can print it and fax or mail it.

Adopter Name: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Cell: _____ Work: _____

CAT 1:		
Colony:		
Sex:	Age:	Color:

CAT 2:		
Colony:		
Sex:	Age:	Color:

CAT 3:		
Colony:		
Sex:	Age:	Color:

In adopting the barn cat(s) described above from Friends of Feral Felines (FoFF), I understand and agree to the following:

1. I will provide the cat(s) a safe, dry shelter with adequate warmth for the colder months.
2. I will provide nutritious cat food and fresh water daily.
3. I will provide ½ cup of dry food and ½ can of wet food per adult cat per day.
4. I will monitor the cat(s) to ensure its health and safety, and will provide veterinary care as needed. I understand that I may ask FoFF for help in collecting the cat(s) for such a visit.
5. I agree to pay a \$35 fee per cat to defray veterinary expenses.
6. I will contact FoFF if it appears that the cat is/cats are not suitable for living in a barn, due to, among other reasons: age, illness, or the cat has become domesticated and should be moved into a home.
7. I will not give away, sell, or otherwise forfeit the care of this cat without first consulting FoFF.
8. If I have to move and cannot take the cat or become unable to care of it for any reason, I will contact FoFF.
9. If I break any of the provisions of this agreement, FoFF is permitted to enter my property to retake possession of the cat(s).

The cat(s) has/ve been spayed or neutered, provided a rabies vaccination, treated for ear mites/worms, and have been tested or their mother or sibling has been tested for feline leukemia/FIV.

Adopter Signature: _____ Date: _____

Medical Record

Cat 1: Veterinary office providing care: _____

FeLV/FIV testing:	Neg	Pos	Date/Notes: _____
Spay/Neuter:	No	Yes	Date/Notes: _____
Rabies Vaccination:	No	Yes	Date/Notes: _____
Distemper Shot:	No	Yes	Date/Notes: _____
Flea treatment:	No	Yes	Date/Notes: _____
Deworming treatment:	No	Yes	Date/Notes: _____

Cat 2: Veterinary office providing care: _____

FeLV/FIV testing:	Neg	Pos	Date/Notes: _____
Spay/Neuter:	No	Yes	Date/Notes: _____
Rabies Vaccination:	No	Yes	Date/Notes: _____
Distemper Shot:	No	Yes	Date/Notes: _____
Flea treatment:	No	Yes	Date/Notes: _____
Deworming treatment:	No	Yes	Date/Notes: _____

Cat 3: Veterinary office providing care: _____

FeLV/FIV testing:	Neg	Pos	Date/Notes: _____
Spay/Neuter:	No	Yes	Date/Notes: _____
Rabies Vaccination:	No	Yes	Date/Notes: _____
Distemper Shot:	No	Yes	Date/Notes: _____
Flea treatment:	No	Yes	Date/Notes: _____
Deworming treatment:	No	Yes	Date/Notes: _____

Adoption Fee Received by: _____ Amount: _____ Date: _____
FoFF Representative

1 copy for Adopter
 1 copy to FoFF

Learn More About Feral Cats from these organizations:

- Alley Cat Allies www.alleycat.org
- Best Friends Animal Society <http://www.bestfriends.org/nomorehomelesspets/resourcelibrary/feralindex.cfm>
- Humane Society of the United States www.hsus.org
- ASPCA www.asPCA.org