



**friends
of feral
felines**

MAIL TO
PO Box 8137
Portland, ME 04104

OFFICE LOCATION
651 Forest Ave.
Portland, ME 04101

PHONE 207•797•3014
FAX 207•699•4399

EMAIL
office@feralfelines.net

WEBSITE
www.feralfelines.net

FACEBOOK
www.facebook.com/FoFF.ME

Adoption Agreement

ADOPTER Name _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Cell: _____ Work: _____

CAT 1 Name: _____ **Sex:** _____ **Age:** _____ **Description:** _____

CAT 2 Name: _____ **Sex:** _____ **Age:** _____ **Description:** _____

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

- I will provide the cat(s) with proper veterinary care and nutrition, to provide adequate attention and affection; and to provide an interesting environment with adequate stimulation.
- I will not let the cat(s) outside, except when harnessed or leashed, or in an enclosed area.
- I will always use a carrier when transporting the cat(s).
- I will not de-claw the cat(s).
- I will return the cat(s) to FoFF if, for any reason, I choose to give up the cat(s) or if this adoption is unsatisfactory to me.
- I will allow follow-up phone calls and at least one follow-up visit, if requested, by FoFF.
- I will pay \$100 per kitten (6 months or younger), \$85 per cat 6 months to 1 year and \$70 per cat over 1 year.
- I will keep the cat in my possession and will not give or sell it to any other person, place, or organization.
- If any provision of this agreement is broken, FoFF may reclaim the cat(s).

Cats available for adoption are medically examined and vaccinated, and their health is routinely monitored while in foster care. There is the remote possibility that a cat may be incubating a disease while showing no clinical signs at the time of adoption. FoFF is not responsible and cannot be held liable for any injuries caused or medical needs required by the cat, its owners, or any party coming into contact with the cat after it has been adopted.

No cat will be released to prospective adopters who provide misleading or inaccurate information on this Agreement or in conversations with a FoFF representative. FoFF reserves the right to refuse any adoption.

Adopter Signature: _____

Date: _____

This section to be completed by the FoFF office.

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: _____

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

FoFF Representative