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## 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 donate \$70 per cat and \$85 per kitten (6 months or younger), to help defray medical expenses.
- 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: \_\_\_\_\_

**Learn More About Feral Cats from these organizations:**

- **Alley Cat Allies** [www.alleycat.org](http://www.alleycat.org)
- **Best Friends Animal Society** <http://www.bestfriends.org/nomorehomelesspets/resource/library/feralindex.cfm>
- **Humane Society of the United States** [www.hsus.org](http://www.hsus.org)
- **ASPCA** [www.asPCA.org](http://www.asPCA.org)

*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*