

Cat's Cradle of the Shenandoah Valley  
P.O. Box 2128  
Harrisonburg, VA 22801

Phone (540) 433-1135  
Website: www.catscradleva.org  
E-Mail: catscradle@catscradleva.org  
EIN: 20-3269224



Date ____ / ____ /20____
Payment \$ _____
Cash _____ Check _____

**ADOPTION CONTRACT**

**THIS AGREEMENT OF GUARDIANSHIP**, Dated: \_\_\_\_ / \_\_\_\_ /20\_\_\_\_, is between

\_\_\_\_\_ and Cat's Cradle, and refers to

the following animal:

**Name of Pet:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

1. I am adopting this pet solely for myself/family. I accept him/her as a family member, who will be given loving care and attention. The pet is not a gift for someone else. The adoption fee is \$\_\_\_\_\_ and includes all medical treatment the animal has received to date including the spay or neuter surgery and basic vaccinations.
2. I will provide regular feedings and a continuous supply of fresh water. I will provide him/her with a clean litter pan, cleaning or changing the litter daily.
3. The pet will live inside my home. He or she will not be an exclusively outdoor cat.
4. I will ensure my cat gets required vaccinations and will provide routine veterinary care from now on. I understand that kittens must be 4 months of age or older to receive a rabies vaccination. I understand that pursuant to Virginia state law, all cats over 4 months old must be vaccinated for rabies. I understand that if I am adopting a kitten under 4 months of age I am responsible for obtaining a rabies vaccination once the kitten is 4 months old and the costs associated with such vaccination.
5. I will receive copies of all medical records for my cat at the time of adoption from Cat's Cradle.
6. If it is necessary, I will provide emergency veterinary care, either through my regular veterinarian or an emergency veterinary hospital.
7. I will transport my pet only in a safe and secure carrier or with appropriate restraint.
8. If at some time I need to rehome my cat, I may contact Cat's Cradle for assistance.

9. **I will not have this cat declawed.** \_\_\_\_\_  
Adopter Initials

10. I accept guardianship and responsibility of the pet at my own risk, and I release Cat's Cradle Directors, Officers and their Representatives, from any and all liability arising out of responsibility and guardianship for my companion pet. I understand Cat's Cradle has fully disclosed all that is known about my cat's medical history, but does not make any representations or guarantees concerning health or condition of the pet I am adopting. In the event that I need to return the pet at any time, Cat's Cradle, will not be held responsible for any veterinarian, animal clinic or hospital expenses, or damages incurred while the pet is in my care and custody.

11. I agree to permit a Representative of Cat's Cradle to examine the above conditions and requirements any time prior to or after the adoption. This may include a visit to my home and contacting my pet's veterinarian. If after inspection or review by Cat's Cradle, Cat's Cradle, in its sole and absolute discretion, decides that the placement of the pet with me is not appropriate, Cat's Cradle is entitled to demand the return of the pet and I agree to return him/her upon demand.

12. I understand that if the pet I am adopting is not compatible with my family or other pets, I may return him/her with all medical records within fourteen (14) days of this adoption, and the adoption fee will be refunded to me, less a \$20.00 processing fee. The adoption fee will be refunded by Cat's Cradle Treasurer by mail. The adoption agent cannot authorize or issue a refund. The refund process may take up to four weeks. **Arrangements must be made prior to the return of the animal by calling 540-433-1135.**

13. I have received known information about my pet's history, and about any medical care my pet received while in the custody of Cat's Cradle.

| \_\_\_\_\_  
ADOPTER\_ INITIALS

14. I state that neither I nor any member of my household has been convicted of cruelty to animals.

| \_\_\_\_\_  
ADOPTER\_ INITIALS

**THIS IS A LEGAL DOCUMENT AND FAILURE TO COMPLY WITH ANY PROVISION WILL RESULT IN FORFEITURE OF THE ADOPTED PET TO CAT'S CRADLE. THIS CONTRACT IS LEGAL AND BINDING.**

| \_\_\_\_\_  
ADOPTER\_ INITIALS

\_\_\_\_\_  
Printed Name(s) of Person(s) Adopting

\_\_\_\_\_  
Drivers License #

\_\_\_\_\_  
Signature(s) of Person(s) Adopting

\_\_\_\_\_  
Drivers License #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number (Home)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number (Cell)

\_\_\_\_\_  
Telephone Number (Work)

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature of Cat's Cradle Representative

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Checks returned for insufficient funds will incur a first time charge of \$25.00 for processing and resubmitting the check for deposit. If in the event the check(s) do not clear a second time, additional charges may be applied.