



## HUMANE SOCIETY OF THE PALOUSE

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### CAT ADOPTION CONTRACT

DATE \_\_\_\_\_ SHELTER-PRO # \_\_\_\_\_

Cat's Name \_\_\_\_\_

**I, the adopter, agree to the following terms and provisions:**

***(Please initial each item after you have read and UNDERSTAND it)***

- \_\_\_\_\_ **1.** I acknowledge the long-term commitment (about 15-20 years) in adopting a cat. I will care for the cat by providing affection, play and exercise, proper food, water, clean litter, a clean, warm, and safe living environment, and veterinary care as needed for the life of the cat.
- \_\_\_\_\_ **2.** I agree that this cat is being adopted as a pet for myself and not to be sold, gifted, or transferred to any other person. If I no longer can or want to keep the cat I agree not to abandon, give away, sell, or dispose of the cat in any way, except to another person who wants to adopt the cat as a house pet, and who will provide the same care for the cat as I am required to provide under this agreement. If I cannot find a good, permanent home as described above, I may make an appointment to return the cat to HSOP. HSOP will make an effort to accept return of the cat as space and other constraints permit but *we cannot guarantee that the cat will be accepted back into our facility after the 7-day foster period has passed.*
- \_\_\_\_\_ **3.** HSOP has a seven-day health guarantee on all cats adopted from our shelter. I will contact the shelter before seeking veterinary care during this period. I will take my new pet to a veterinary hospital used by HSOP. HSOP retains ownership rights during the seven-day foster period; therefore any medical decisions in regards to this animal must be cleared by shelter staff and the veterinary clinic used by the Humane Society of the Palouse.
- \_\_\_\_\_ **4.** I agree to have the cat vaccinated for rabies within thirty (30) days of adoption unless required at a later date due to age, or as required by the laws of the state in which I reside. If the cat has not finished its booster series, it should be seen by a vet by the due date for the booster. Your cat will continue to receive annual examinations, vaccinations, and appropriate medical care.
- \_\_\_\_\_ **5.** I understand that this cat was previously unwanted or lost and may have been rescued from an unhealthy and/or cruel situation. This could result in the cats' emotional or physical illness. I acknowledge that the actions of animals may be unpredictable and that HSOP makes no warranties or representations about the behavior or temperament of the cat. I accept possession of the cat at my own risk and hereby release HSOP from any liability to me or any other party for losses, injuries, damages, or expenses whatsoever in connection with my adoption or ownership of the cat.
- \_\_\_\_\_ **6.** I understand that my newly adopted cat may have been exposed prior to admission or during their stay at the shelter to diseases including but not limited to: Ringworm, Upper Respiratory Infections, or Coccidiosis. Symptoms of these diseases may lay dormant for several weeks before they become noticeable. Some animals may also be carriers of zoonotic diseases and never show symptoms. I agree that beyond the 7-day period, I will accept financial responsibility for treatment.
- \_\_\_\_\_ **7.** I agree that this cat is being adopted as in indoor house cat, and will not be allowed outdoors without supervision.
- \_\_\_\_\_ **8.** I understand that declaw and/or tendonectomy surgery is generally considered cruel and unnecessary. HSOP strongly discourages such surgery and consider it a last resort to keeping a cat in the home. I agree to pursue other training and behavior modification options before considering surgery.
- \_\_\_\_\_ **9.** This agreement is the entire agreement between you and us. No modification of this agreement will be valid unless in writing and signed by both you and us. This agreement is binding on our and your successors, heirs, assigns, executors, and personal representatives.
- \_\_\_\_\_ **10.** I hereby acknowledge receipt of the above-described animal and understand that it is not a selling price but a donation in exchange for medical and husbandry services provided by HSOP.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS CONTRACT AND AGREE TO COMPLY WITH ALL CONTRACT PROVISIONS. I HAVE RECEIVED A COPY OF THIS CONTRACT FOR MY RECORDS.**

Signature(s) \_\_\_\_\_

date: \_\_\_\_\_