



TABBY TOWN USA, Inc.
 S1695B Stenslien Lane, Westby, WI 54667
 (608) 634-4614 ilovecats@mwt.net www.TabbyTownUSA.org

ADOPTION APPLICATION & CONTRACT

Date _____

Cat I'm Interested In _____ Color _____ Age _____ Male / Female

Name _____ Home Phone _____

Address _____ Mobile Phone _____

City/State/Zip _____ Work Phone _____

E-Mail Address _____ **Please "Like" us on Facebook!**

Ages of Children at Home _____ Number of Other Cats at Home _____ Cats Spayed/Neutered ___ Yes ___ No

Dogs at Home ___ No ___ Yes. If yes, what breeds? _____ Dogs Spayed/Neutered ___ Yes ___ No

How are the dogs with cats? ___ Very Good ___ Good ___ Not Good ___ Don't Know

___ Own home ___ Rent...Renters, do you have permission from your Landlord for a cat? ___ Yes ___ No

Does your Landlord require the cat to be declawed? ___ Yes ___ No ___ Don't Know

Landlord's Name & Phone _____

Current Vet Clinic _____ Personal Reference & Phone _____

Have you ever given up a cat? ___ No ___ Yes. If yes, explain: _____

In which cases would you give up your cat? **Please be honest and check all that apply.** If a problem arises where you might have to give up the cat, please call us before it gets out of hand. **We can probably help fix it!**

- | | | | |
|--|--|---|--------------|
| <input type="checkbox"/> Stops using litter box | <input type="checkbox"/> Household member allergic | <input type="checkbox"/> Cat becomes ill | Other: _____ |
| <input type="checkbox"/> Scratches furniture | <input type="checkbox"/> Bites | <input type="checkbox"/> If I have a baby | _____ |
| <input type="checkbox"/> Doesn't get along with other pets | <input type="checkbox"/> If I move | <input type="checkbox"/> Never | _____ |

Since most cats and kittens arrive at Tabby Town as strays, we don't know the background of these animals. We cannot be responsible for temperament, diseases or conditions *not known to us at the time of adoption*. WE RECOMMEND A HEALTHY KITTY EXAM WITH YOUR VETERINARIAN TO ESTABLISH A HEALTH HISTORY. I agree to release Tabby Town USA, Inc., its volunteers, fosters, and Petco of all liability including, but not limited to, scratches and bites.

Veterinarian fees and medication expenses for your newly adopted cat/kitten FROM THIS DAY FORWARD will be the ADOPTER'S RESPONSIBILITY and Tabby Town will not be expected to pay for those costs. If you can no longer keep your Tabby Town cat, please contact us to determine if we can take him back. Adoption fees are non-refundable and will be considered a much needed donation to help the other rescued cats.

___ I understand that Tabby Town does not approve of declawing and I WILL NOT DECLAW any cat/kitten adopted from them.

___ WE TAKE DECLAWING VERY SERIOUSLY. IF WE DISCOVER YOU'VE DECLAWED A TABBY TOWN CAT, WE WILL FINE YOU \$500.

___ I AGREE TO SPAY/NEUTER MY KITTY WITHIN 90 DAYS OF THIS APPLICATION, if kitty is intact upon adoption.

___ Kitty may hide for several days or longer and may not eat right away; I will give kitty time to adjust to his new home.

___ I understand that any veterinarian expenses, starting today, will be MY RESPONSIBILITY unless otherwise noted.

___ I have read this Application in its entirety and I understand and accept the obligations herein.

 Adopter's Signature

 Date

 Approved by Tabby Town Staff

 \$ _____ paid by:
 Cash Credit Card Check# _____

 Bring kitty back to Petco on _____
 for distemper vac. by Tabby Town for a donation of \$20

Adopted from: ___ Petco Adoption Weekend ___ Condo

 Spay/Neuter approx. _____

Adopted from Foster Home: _____

 Deworm Kitty with Pyrantel (provided) on _____

Name of Foster: _____

 Treat Earmites with Medicine (provided) on _____