***Francis of Assisi Society for Animals  
106 Lincoln Street Bennington VT 05201***

**802-733-8064**

Francis of Assisi Society for Animals Inc. is a non- profit cat rescue corporation and the undersigned \*Adopter agrees to the following terms and conditions: **Cat with spay/neuter $110, Other\_\_\_\_\_\_\_**

**\*Potential adopter gives permission to contact listed reference(s)Please inform vet we will call**

**VETERINARIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many pets:\_\_\_\_breed:\_\_\_\_\_\_\_\_ cat friendly:\_\_\_\_\_\_Are all pets inside:\_\_\_\_\_\_\_\_\_own or rent home:\_\_\_\_\_\_**

**Is there smoking inside the home:\_\_\_\_\_\_\_\_**

**If you rent, please provide landlord name and phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If no animals or veterinarian reference- provide professional reference name and phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CAT or KITTEN desired\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **The adopter agrees to keep the cat/kitten indoors, provide fresh food, water, clean litter box, love and attention daily.**
* **Adopter agrees to have the cat/kitten examined yearly by a veterinarian, to seek prompt veterinary care in case of illness or injury and keep vaccinations current.**
* **Declawing in prohibited for any reason.**
* **Adopter agrees to have the cat/kitten spayed or neutered as soon as medically possible.**
* **Adopter agrees to notify Francis Assisi if at any time they can no longer keep the adopted animal, and return the pet to us.**
* **Francis of Assisi Society can follow up on the well-being of the adopted pet.**

Adopter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State, ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone- Home ( ) Cell ( ) Work ( )

Francis of Assisi Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Francis of Assisi adoption coordinator to fill out this section:**

**NAME of cat/kitten\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_vaccinations: rabies \_\_\_ Distemper\_\_\_\_\_**

**MEDICAL INFORMATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF ANIMAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORIGIN OF ANIMAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE ACCEPTED\_\_\_\_\_\_\_\_\_\_\_\_\_**