



THROWAWAYS' RESCUE FOUNDATION, LTD. ADOPTION CONTRACT for

Adoptee: _____

Avid: _____



1. The cat shall be maintained humanely and the adopter agrees that the cat shall be vaccinated against rabies and agrees to license it in accordance with the laws and ordinances of the municipality where the Adopter resides.
2. The Adopter shall **not declaw** the cat and if for some reason the Adopter believes that the cat should be declawed the Adopter shall immediately return the cat to Throwaways' Rescue.
3. The Adopter assumes full financial responsibility for the cat.
4. The Adopter shall provide the cat with necessary veterinary care upon sickness, disease or injury. In addition, the Adopter shall take the cat to a veterinarian at least once a year for an annual health examination and routine vaccinations. A licensed veterinarian, including annual inoculations and prompt treatment for any illness or injury, shall provide veterinary care at regular intervals.
5. Adopted cats may not be used for medical or other experimental purposes.
6. The Adopter shall keep the cat as a household pet and shall not use it for breeding or exclusively as a mouser. The cat shall reside at the Adopter's home address and maintained in the living quarters. No cat shall be allowed outdoors unless accompanied by owner on a harness/leash.
7. The Adopter shall provide a collar and identification tag for the cat to wear at all times if the cat is allowed to go outdoors.
8. If the Adopter rents or leases, a copy of the lease allowing animals must be provided.
9. The Adopter releases the THROWAWAYS' RESCUE FOUNDATION, LTD. from all liability for injury or damage sustained while the cat is in his/her possession.
- 10. If, for any reason, the Adopter cannot keep the cat, the Adopter shall return the cat to the THROWAWAYS' RESCUE FOUNDATION, LTD (301) 870-8918 or 301 885 0025 or 8911 Cottongrass Street, Waldorf, MD 20603.**
11. The cat shall not be sold, traded, exchanged, given away, or otherwise disposed of without the written consent of a THROWAWAYS' RESCUE FOUNDATION, LTD. representative.
12. The Adopter agrees that any agent of the THROWAWAYS' RESCUE FOUNDATION, LTD. may visit the Adopter's home at any time after placement of the cat for verification that the terms of this contract have been maintained. If the Adopter fails to comply with any of the terms of this contract, the Adopter shall return the cat to the THROWAWAYS' RESCUE FOUNDATION, LTD. AND BE LIABLE FOR LIQUIDATED DAMAGES FOR \$300.00.
13. The Adopter shall pay the THROWAWAYS' RESCUE FOUNDATION, LTD. any and all expenses, including court costs and reasonable attorney's fees in enforcing the terms and provisions of this Contract. THROWAWAYS' RESCUE FOUNDATION, LTD. may reclaim the cat if the adopter does not comply with each rule set forth on this page.
14. A donation of _____ for one cat, _____ for two is requested toward the costs incurred by THROWAWAYS' RESCUE FOUNDATION, LTD. for care, feeding and inoculating the cat.



**THROWAWAYS' RESCUE FOUNDATION, LTD.
ADOPTION CONTRACT**

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE AND AGREE TO THE SAME AND THAT THE CONTRACT IS UNDER SEAL CONTRACT

I, _____, the adopter have read the preceding rules set forth above and understood each of them and agree to abide by each of them.

The adopter acknowledges receiving this day, from THROWAWAYS' RESCUE FOUNDATION, LTD., the cat(s) described above.

THROWAWAYS' RESCUE FOUNDATION, LTD. acknowledges receiving this day from adopter _____ as a donation toward the care of the adopted cat.

The adopter SHALL return the cat to THROWAWAYS' RESCUE FOUNDATION, LTD. if he/she no longer intends to maintain custody of the cat.

The adopter acknowledges a full understanding of these rules and conditions of this contract following discussion of them with the undersigned agent of THROWAWAYS' RESCUE FOUNDATION, LTD.

The undersigned agent of THROWAWAYS' RESCUE FOUNDATION, LTD. has reviewed and discussed these rules and conditions of this contract with the adopter and by his/her signature so attests.

THROWAWAYS' RESCUE FOUNDATION, LTD.

Authorized Representative _____ DATE _____

Adopter _____ DATE _____

Witness _____ DATE _____



Please Print First and Last Name

Address

Home Phone _____ Work Phone _____ Cell Phone

Email address: _____

