



Cat Adoption Contract

Name of Animal: _____ Sex: _____ Age: _____

Breed: _____ Description: _____

I (we), the undersigned, understand the following:

- The Floyd County Humane Society (FCHS) is made up of volunteers, who receive no compensation for their services rendered to the FCHS.
- I am to pay an adoption fee, payable to the Floyd County Humane Society. I understand that this fee will cover all age appropriate vaccines at the time of adoption, as well as a spay or neuter, but may not include an individual feline leukemia/FIV test (all adult cats are tested and one kitten per litter is tested).
- I am required to take the cat to a veterinarian for all necessary vaccines that have not been given at the time of adoption.
- **If the cat has not been altered at the time of adoption, I am responsible for having the cat altered by 6 months of age and for providing proof of alteration to FCHS.** I am responsible for making the appointment and notifying FCHS regarding the scheduled appointment and contact information for the veterinary clinic *ahead* of the surgery date. The adoption fee includes the price of spay or neuter at a veterinarian chosen by FCHS. If I choose another veterinarian, I am responsible for any amount above the surgery price included in the adoption fee. (\$55 for males, \$60 for females as of August 2022) I am required to have the above cat neutered by _____.
- I am aware that the rabies vaccination for cats and dogs is required by Virginia state law. I will keep my cat current on its rabies vaccination (booster shot in one year, and then every three years). If my cat is going to be an outdoor or indoor/outdoor pet, I agree to keep it current on all other vaccinations as well. If the cat I am adopting is to be a barn cat, I agree to keep it current on all vaccinations to the best of my ability.
- I will take my cat or kitten to the vet, if necessary, throughout its life. I understand that some cat diseases cannot be tested for and/or cannot be vaccinated against, and that FCHS is NOT liable for medical costs associated with an ailment that was undetected in the cat at the time of this adoption.
- I agree to allow home visits at the discretion of FCHS.
- If I do not comply with this contract, or it is discovered that the above cat is not receiving adequate care or has not been neutered in a reasonable amount of time, the cat in question shall be reclaimed and ownership will revert back to FCHS.
- If I ever have to find a new home for my cat, I will notify FCHS. If I am unable to find a new home for my cat, I will relinquish it back to the custody of the FCHS. I will not take it to the pound or to another shelter. I am responsible for making arrangements at my expense for said cat until FCHS can arrange for foster care or shelter space. I am also responsible for the expense of returning the animal to FCHS.
- **ADOPTION FEES ARE NON-REFUNDABLE.**
- **I certify that I have never been charged or convicted of animal cruelty, neglect, or abandonment.**
- By signing this contract, I give FCHS the right to obtain additional information on this cat from my vet, following adoption.

Name:(print) _____ Date: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: (home/cell) _____

Email address: _____

Signature: _____

Adoption Fee \$ _____

FCHS Representative: _____



**FLOYD COUNTY
HUMANE SOCIETY**
Serving Pets & Their People

Thank you for adopting _____
(FCHS foster pet's name)

Your pet must be neutered by:
(to be completed by FCHS representative)

- **If you want FCHS to cover the entire cost of the procedure, you must arrange the appointment through our spay/neuter coordinator by calling 540-745-7207 or emailing info@floydhumanesociety.org**
- **If you wish to have your personal veterinarian perform the procedure, FCHS will reimburse you the following amount:**
 - **Cats: \$55 males \$60 females**
 - **Dogs: \$72 males \$80 females**

(FCHS Representative Please Circle One)

You must provide a copy of the itemized receipt showing the following:

- **Your Name**
- **Your Pet's Name**
- **Spay/Neuter Charge**
- **Date of Procedure**

You may email a copy to info@floydhumanesociety.org