

## **Barn Cat Adoption Contract**

Name o	of Animal:	Sex:		Age:	
Breed:	Descr	iption:			
(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 understand that all barn cats will be spayed /neutered and receive a rabies vaccine prior to adoption. They may be tested for feline leukemia/FIV and may have received a distemper shot <i>if</i> that is possible.				
•	I am aware that the rabies vaccination for cats is required by Virginia state law. I will keep my cat current its rabies vaccination (booster shot in one year, and then every three years). I agree to keep the cat current on vaccinations to the best of my ability.				
•	I will take my cat to the vet, if possible, throughout its life. I understand that certain feline diseases cannot be reasonably tested for and/or cannot be vaccinated against, and that <u>FCHS is NOT</u> 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	ne discretion of FCHS.			
•	I agree to keep the cat(s) confin	ed in a crate and/or in	a protected area	for a minimum of 2 w	reeks.
•	The cat(s) will live on my proper have constant access to adequ shelter.				
•	If I do not comply with this contr cat in question shall be reclaime				equate care, the
•	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 am responsible for making arrangements at my expense for said cat until FCHS can arrange for foster cor shelter space. I am also responsible for the expense of returning the animal to FCHS.				
•	I certify that I have never been	n charged or convicte	ed of animal cru	elty, neglect, or aba	ndonment.
•	By signing this contract, I give F following adoption.	CHS the right to obtain	n additional inforr	mation on this cat fror	n my vet,
	HS may share adoption inforr ganizations. Please select this				on.
Name:(	print)			Date:	
Addres	s:				
City		State		_Zip Code	
Phone:	(home/cell)				
Email a	ddress:				
Signatu	ıre:				

FCHS Representative: