



purrfect paws, inc.  
 purrfectpaws@wamego.net  
 www.purrfectpawskansas.org

# ADOPT

Thank you for contacting **Purrfect Paws, Inc.** We love to place our special felines with committed individuals willing to experience the gift each feline has to offer. We appreciate you completing the following in order to facilitate an appropriate placement.

Name/Number \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Vet Exam \_\_\_ Current Shots \_\_\_ N/S \_\_\_ Declaw \_\_\_

Name/Number \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Vet Exam \_\_\_ Current Shots \_\_\_ N/S \_\_\_ Declaw \_\_\_

Caretaker's Name \_\_\_\_\_

Caretaker's Mailing Address: \_\_\_\_\_

Caretaker's E-Mail Address: \_\_\_\_\_

Caretaker's Telephone Number: \_\_\_\_\_

Caretaker's Veterinarian Name and Phone Number \_\_\_\_\_

Caretaker's Veterinarian's Address: \_\_\_\_\_

Caretaker's Landlord Name, Address & Phone Number \_\_\_\_\_

Caretaker gives Purrfect Paws, Inc. permission to call Landlord. Yes \_\_\_ No \_\_\_

Caretaker gives Purrfect Paws, Inc. permission to call veterinarian at any time. Yes \_\_\_ No \_\_\_

Caretaker's other pets (names, ages, breeds) \_\_\_\_\_

Caretaker's other pets who are neutered/spayed or if no, why? Please circle appropriate response.

*No other pets*

*Yes, all our pets are spayed/neutered*

*Our pets are not neutered/spayed because:* \_\_\_\_\_

Why do you want a feline pet and how are you prepared to meet any special needs? \_\_\_\_\_

Will the feline be left alone for periods of time? Yes \_\_\_ No \_\_\_ If yes, how will needs be addressed? \_\_\_\_\_

## Caretaker agrees to:

- a. provide feline(s) with the required amount and type of organic food and care as specified by Purrfect Paws and appropriate for the feline,
- b. provide adequate clean water to meet the needs of feline(s),
- c. provide adequate shelter and health care, to include regular deworming and routine immunizations,
- d. grant authorized Purrfect Paws, Inc. representatives unlimited access to the property where feline(s) is/are located to insure the above conditions are met and obtain written approval of authorized representatives of Purrfect Paws, Inc. prior to transfer of ownership or euthanasia of feline(s),
- e. not declaw,
- f. follow through with checklist for post adoption services,
- g. release information from professionals providing post adoptive services, and
- h. authorize Purrfect Paws, Inc. to reclaim both possession and ownership of feline(s) if caretaker fails to follow through with this agreement thus constituting a breach of contract, is unable for what ever reason to care for feline(s), and/or post intuitive readings indicate an inappropriate match.

Date: \_\_\_\_\_ Caretaker Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Purrfect Paws Representative Signature: \_\_\_\_\_