



*A Feline Friend is A Gift
You Give Yourself*

Paws and Whiskers

Cat Shelter Inc.
32 HILLWYCK
TOLEDO, OHIO 43615
419-536-1914
www.pawsandwhiskers.org

ADOPTION CERTIFICATE

Cat's Name: _____ Number: ____ - ____ - ____ Date: ____ / ____ / 201__

New Guardian: _____

Address: _____ Apt/Lot # _____

City: _____ State: _____ Zip Code: _____ - _____

Phone :(____) _____ E Mail: _____ @ _____

I UNDERSTAND THAT:

- 1. If my circumstances change I may return this feline to Paws and Whiskers Cat Shelter Inc. anytime.**
- 2. There are extreme dangers in letting a feline roam and I am adopting this feline as an indoor family member only.**
- This feline may be returned within ten (10) calendar days for refund or exchange at the client's option provided all criteria for returns are met. These criteria are: 1. Return of all medical records provided with this adoption. 2. All follow up veterinary care has been provided. 3. The feline is returned in good condition. 4. No misrepresentations were made concerning your ability to own or care for a feline friend.
- If this is an adult adoption I have received a certificate for a free veterinarian exam and agree to take the feline to a veterinarian within twenty(20) calendar days for a check up. (Ten (10) calendar days is suggested so should a condition exist that we are unaware of the feline may be returned for a refund.) Most veterinarians suggest a check up within 48 hours of an adoption. If this is a kitten adoption I have a choice between a certificate for a low cost alteration or a free veterinarian exam.
- I can return or exchange the feline after ten (10) calendar days but **NO REFUND** will be made. Any exchange must be made within sixty (60) days and all follow up veterinary work must have been completed.
- Paws and Whiskers* Cat Shelter Inc. provides basic veterinary exams and treatment for any obvious medical problems that would immediately impact the cat's health. Due to the unknown background of the felines in our care, medical problems could exist of which we are not aware. *Paws and Whiskers* Cat Shelter Inc. can not warranty this feline's condition and is not responsible for any veterinarian expenses incurred by the client as a result of this adoption.
- I have received all current veterinarian records and will return them if I decide to return the feline. I understand that a refund or exchange will not be made without return of all medical records provided at the time of the adoption.
- I understand that if a refund is necessary a refund check will be mailed or a credit issued to your credit card account. *Paws and Whiskers* Cat Shelter operates solely on donations. Care of our felines is our first priority so a refund check may be delayed several months until funds are available.
- I understand that *Paws and Whiskers* Cat Shelter Inc. has provided only the feline rhinotracheitis, calici virus, panleukopenia, and chlamydia (4 way) vaccination and that any other vaccines are the client's responsibility.
- I understand that if I am adopting a cat that has not been altered I must do this at my expense as soon as the animal is old enough.
- Any adoption paid for on a credit or debit card is subject to a \$10.00 charge if the feline is returned for a refund.
- NO REFUND WILL BE MADE ON SPONSORED ADOPTIONS.** An exchanged may be made with in 60 days provided any additional fee due is paid.

How did you learn of *Paws and Whiskers*?

Sponsored Adoption: ____ Pre-adoption: ____

Cash: ____ Check No. ____ Credit Card ____

I HAVE READ THE ABOVE ADOPTION CONTRACT. I UNDERSTAND ALL OF THE INFORMATION OUTLINED. I UNDERSTAND THAT I AM ADOPTING THIS FELINE AS AN INDOOR PET. I ALSO UNDERSTAND THAT I AM TAKING FINANCIAL RESPONSIBILITY FOR THIS FELINE AND I WILL PROVIDE IT WITH ANY NEEDED VETERINARY CARE. I AM OVER 18 YEARS OF AGE AND MY LIVING ARRANGEMENTS ALLOW FOR ME TO OWN THIS FELINE. I UNDERSTAND THAT IF THIS IS A CREDIT CARD ADOPTION THERE IS A \$10.00 CHARGE FOR A RETURN FOR REFUND. I UNDERSTAND THAT IF MY CHECK IS RETURNED FOR NON-SUFFICIENT FUNDS, I EXPRESSLY AUTHORIZE MY ACCOUNT TO BE ELECTRONICALLY DEBITED OR BANK DRAFTED FOR THE AMOUNT OF THE CHECK AND ANY APPLICABLE FEES. THE USE OF A CHECK FOR PAYMENT IS YOUR ACKNOWLEDGEMENT AND ACCEPTANCE OF THIS POLICY AND ITS TERMS AND CONDITIONS.

SIGNATURE OF ADULT

Adoption Fee: \$ _____

\$50.00 Spay/Neuter Deposit: \$ _____

Merchandise/Membership: \$ _____

Carrier: \$ _____

Sales Tax: \$ _____

Additional Donation: \$ _____

TOTAL \$ _____