

Ruth Steinert Memorial SPCA

18 Wertz Drive, Pine Grove, Pa. 17963

Phone: 570-345-3540

email: RSMSPCA17963@GMAIL.com

Feline Adoption Contract

Ruth Steinert Memorial SPCA reserves the right to deny any adoption application for any reason.



Ruth Steinert Memorial

We reserve the right to refuse service to anyone.

Page #1

Date _____

Name(s): _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Email Address _____ Date of Birth Month _____ Day _____ Year _____

Address _____

City _____

State _____ Zip Code _____ Time at Address _____

Do you (circle one) Own Rent Live with relatives

Type of housing you reside in (circle one) Single Family Home Semi-Detached Home Row Home
Apartment Condominium Mobile Home Other _____

If you rent, Landlord's Name & Phone # _____

If you live with relatives, does everyone in the home approve of & allow this type of pet (circle one) Yes No

ID Type (circle one): Drivers License State ID Military ID ID # _____

Employer _____ Length of employment _____

Hours worked per day _____ Hours worked per week _____

If unemployed or a student, please list source(s) of income _____

Does anyone in your home have allergies to pets (circle one) Yes No

Is this your first experience owning a pet (circle one): Yes No

Have you adopted a pet from a shelter or rescue before: (circle one): Yes No

If Yes, list organization(s) that you've adopted from: _____

If you've adopted before, do you still own the animal (circle one): Yes No

If you don't own the animal anymore, where is the animal now? _____

How many pets have you owned in the past 5 years? _____

If you no longer own these pets please explain why: _____

Have you, a member of your family, or anyone in your home ever been charged with and/or convicted of animal cruelty (circle one) Yes No

If yes, please explain below: _____

*Please be aware that our mission is to find an appropriate forever home for the animals in our care.
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Have you surrendered a pet to a shelter or rescue before: (circle one): Yes No

If yes, please explain why: _____

Please list any other persons residing in your home, their ages, and their relationship to you:

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

Please circle your reason(s) for adopting this cat: Companion for Self Companion for another Pet
Companion for another family member Hunting Herding Protection Show Other: _____

Please circle one of the options below to explain where this cat will be primarily kept: Inside Home
Basement Garage Barn Patio/Porch Outdoors only Both indoors & outdoors Outside kennel
Fenced in yard Tied to doghouse Other: _____

Who will be responsible for the DAILY care of this cat: _____

Where will this cat be kept when left alone: _____

How many hours a day will this cat be left alone: _____

Where will this cat sleep: _____

If you go on vacation, what will you do with this cat: _____

If you have to move, what will you do with this cat: _____

What circumstances in your mind, justify giving up this cat: _____

If unable to keep this cat for any reason, what will you do with the cat: _____

Are you able to provide proper training & exercise for this cat (circle one): Yes No

Are you financially able to afford proper care for this cat, such as food, toys, veterinary care, grooming, etc. (circle one): Yes No

Approximately how much money do you anticipate spending on this cat per year: _____

If this cat were to run away, what methods would you use to attempt to find the cat: _____

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Name of veterinarian office/clinic used: _____

Doctor of veterinarian medicine (DVM) used: _____

Phone # for vet office/clinic: _____ Vet records are under the name of: _____

If you have other pets, are they up to date on their vaccinations (circle one): Yes No

If you have other pets, are they properly licensed (circle one): Yes No

Please list any animals you currently own:

Name	Species & Breed	Spayed/Neutered	Age

Please provide 3 personal references that are NOT related to you. All must be at different addresses:

Name	Address	Phone #



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I have adopted a cat from Ruth Steinert Memorial SPCA & agree to the following conditions. (Please read & initial each statement)

1. I will provide this cat with food, shelter, water, veterinary care, humane treatment & love at all times. _____
2. I will keep this cat as a house pet & companion, and I will NOT tie this cat outside or confine it to an area for extended periods of time. When outside, the cat will be on a lease or confined to my property with access to weatherproof shelter as required by PA state law. _____
3. I will NOT allow this cat to be used for breeding or vivisection. _____
4. I will have this cat spayed or neutered (if it is not already done) within 30 days of the adoption date on this contract, as long as the cat is 4 months of age or older. _____
5. I declare that all cats residing in my home at the present time are spayed or neutered. If I add any cats to my home in the future, they too will be spayed or neutered while this cat is in my home. _____
6. I will not abandon or give this cat away to any party, surrender the cat to any other shelter or rescue, or dispose of this cat in any other way. If I am no longer able to keep this cat for any reason, I will return this cat to Ruth Steinert Memorial SPCA & pay their current surrender fee. _____
7. I acknowledge that any representative from Ruth Steinert Memorial SPCA may enter my premises at any time to audit the adoption of this cat and I am aware that they may remove this cat from my property if they are not satisfied with the cats living conditions. I agree and I will surrender this cat upon demand of such representative. _____
8. I agree that this cat will be taken to a veterinarian within 14 days of the adoption date on this contract for an examination. Should the veterinarian declare in writing, within 14 days of the adoption contract, that the cat is not healthy, the cat may be returned and another cat may be selected. I understand that Ruth Steinert Memorial SPCA is NOT responsible for any veterinarian bills. I am aware that I will NOT receive a refund of the adoption fee for a returned animal. _____
9. I understand that Ruth Steinert Memorial SPCA makes no representation, warranty, or guarantee as to the health or disposition of this cat. Any cat can be unpredictable & attack for any reason. Caution should be exercised when introducing this cat to other people & your home. _____
10. I will immediately notify Ruth Steinert Memorial SPCA if this cat becomes lost, is stolen, passes away or if I make an address change. _____
11. I will abide by all state, municipal & POA (Property owners assn.) pet laws. This cat will wear a collar at all times with the appropriate & current licenses, rabies tag & identification. _____
12. I understand that once ownership has been transferred to me Ruth Steinert Memorial SPCA shall NOT be liable for any damages, losses, or injuries caused by this cat. _____
13. I declare that the information I have provided to Ruth Steinert Memorial SPCA in this adoption application & contract is truthful and accurate. If I breach any of the terms and conditions I agree to forfeit ownership of this cat & Ruth Steinert Memorial SPCA may then repossess this cat. _____

I have received a copy of this adoption contract and I have read and agree to all of the above conditions, therefore agreeing to be legally bound as stated herein.

Signature(s): _____

Print Name(s): _____

Cat #: _____ **Species:** _____ **Sex:** _____ **Color:** _____ **Age:** _____

Cat Name: _____ **Breed:** _____ **RSMSPCA Tag #:** _____

Tested for Feline Leukemia on: _____

Ruth Steinert Memorial SPCA Representative: _____