**ANIMAL ADOPTION FORM**

**Reference Number <<ShortShelterCode>>**

**Adoption Number <<AdoptionID>>**

A Registered Charity

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Title, First Names & Surname: | | | | | | | | **<<OwnerName>>** | | | | | | | | | | |  |  |  | | | | | | | | |
| Address & Postcode: | | | | | | | | **<<OwnerAddress>>, <<OwnerZipcode>>** | | | | | | | | | | |  |  | Where a cat has been adopted, it has been tested for feline leukaemia virus (FELV) and immunodefficincy (FIV). | | | | | | | | |
| Daytime Telephone Number: | | | | | | | | **<<WorkTelephone>>** | | | | | Evening Telephone Number: | | | | **<<HomeTelephone>>** | |  |  | FELINE LEUKAEMIA | | | | | Negative | | | ON: **<<FIVLTestDate>>** |
|  | | | | | | | | | | | | | | | | | | |  |  | FELINE  IMMUNODEFICIENCY VIRUS | | | | | Negative | | | ON: **<<FIVLTestDate>>** |
| DECLARATION | | | | | | | | | | | | | | | | | | |  |  | A negative result is not absolute proof that your cat is free from the disease. | | | | | | | | |
| In consideration of receiving from | | | | | | | | | | | | | | | | | | |  |  | Consult your veterinary surgeon without delay regarding future protection. | | | | | | | | |
| One animal of the following description: | | | | | | | | | | **<<SpeciesName>>** | | | | | | | | |  |  |  | | | | | |  |  | |
| Microchip No. | | | | **<<IdentichipNumber>>** | | | | | | | Breed | | **<<BreedName>>** | | Age | **<<Age>>** | | |  | Vaccination Name | | | | | Date Required | | | | Date Given |
| Name | | **<<AnimalName>>** | | | | Sex | | | **<<Sex>>** | | Colour | | **<<BaseColorName>>** | | Neutered: | | | **<<Neutered>>** |  | **<<VaccinationName1>>** | | | | | **<<VaccinationRequired1>>** | | | | **<<VaccinationGiven1>>** |
| ANY EXISTING CONDITIONS/SYMPTOMS | | | | | | | | | | |  | | | | | | | |  | **<<VaccinationName2>>** | | | | | **<<VaccinationRequired2>>** | | | | **<<VaccinationGiven2>>** |
| (These conditions may not be covered by our pet insurance) | | | | | | | | | | | | | | | | | | |  | **<<VaccinationName3>>** | | | | | **<<VaccinationRequired3>>** | | | | **<<VaccinationGiven3>>** |
| I | **<<OwnerName>>** | | | | | | | | | | of | | | **<<OwnerAddress>>** | | | | |  | **<<VaccinationName4>>** | | | | | **<<VaccinationRequired4>>** | | | | **<<VaccinationGiven4>>** |
| am over 18 years of age and hereby undertake with the said society as follows to:   1. NOT PART WITH THE POSSESSION OF THE ANIMAL EXCEPT TO RETURN IT TO THE ABOVE CENTRE/CLINIC/BRANCH BY PRIOR ARRANGEMENT IF FOR ANY REASON I AM UNABLE TO KEEP THE ANIMAL. 2. Feed, water and house the animal to our satisfaction. 3. Provide qualified veterinary treatment in cases of injury or illness. 4. Not use the animal for breeding purposes. 5. Have the animal spayed or neutered if this has not been done already, unless there are overriding veterinary reasons why the operation should not be carried out. 6. Ensure that my name and address is permanently engraved on the collar, or on disc attached thereto. 7. Notify the Police and us within 24 hours should the said animal become lost or missing. In cases of lost/missing dogs please also check your local authority stray dog register. 8. Permit an authorised member or official to visit my premises from time to time to be assured that the animal is happily settled. 9. Exercise the animal regularly (and in the case of a dog, not to chain the animal except when absolutely necessary when a running chain shall be used); and not leave the animal without company for extended periods. 10. Allow us to repossess the animal if, in our opinion, the terms of this agreement are not being reasonably adhered to. 11. I have also read and agree to abide by the CONDITIONS printed on the reverse side of this adoption form. | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| DATED THIS | | | **<<AdoptionDate>>** | | | | | | | | | SIGNED BY | | | | | | |  | \* Delete as appropriate | | | | | | | | | |
| IN THE PRESENCE OF | | | | |  | | | | | | | | | | | | | |  |  | |  |  |  | | | | | |
| ANIMAL CENTRE No. & ADDRESS: | | | | | | |  | | | | | | | | | | | |  |  | |  |  |  | | | | | |
| ID CHECK | | | **Yes** | | | | | | | | | | | | | | | |  |  | |  |  |  | | | | | |