

Current Owner's Name Juana Martinez
ADDRESS_124 Calle Vives
CITY Ponce, Puerto Rico ZIP CODE 00730 PHONE 939-209-8365
CAT Name Pebbles BREED DSH SEX Female Spay/Neutered³ Yes
DOB 5/3/23 COLOR Tabby Distinguishing marks 3 colors with white gloves
I, <u>Chris Janeczak</u> , hereafter referred to as the adopter ² , hereby agree that the above described animal is being adopted by me solely as a pet for myself and/or my immediate family. I agree that I will not sell, give away or otherwise dispose of said animal to any person(s), dealer, retailer, auction, institute or any other entity for any reason. I agree to spay and/or neuter ³ described pet by age of 6 month or age if adopting a kitten not spayed or neutered.
If, at a later date I am unable or unwilling to keep this pet, I agree to first contact the above-described current owner ¹ and /or Adoption witness to give them the option to reclaim said pet at no charge.
I hereby agree to care for the above-described pet in a humane and responsible manner and to provide it with clean and adequate shelter, food, water and veterinary care and provide updates with pictures of the adopted pet to current owner ¹ from time to time in good faith.
I hereby understand and agree that the current owner ¹ makes no representations or warranties, expressed or implied, about the above-mentioned animal's temperament and is hereby absolved from any liability for future damages or injuries caused by said animal. I also understand and agree that the current owner ¹ further gives no guarantees, expressed or implied, of the suitability of the animal to the adopter and/or his family.
Adopter's ² Name Chris Janeczak
ADDRESS940 Main Street Unit 24 EMAIL chrisjaneczak@gmail.com
CITY _TewksburySTATEMA ZIP CODE01876 _ PHONE978-604-11446
I certify that all statements made by me on this adoption agreement are true and correct. I agree that the current owner ¹ has the right to confiscate the above-described animal in the event that any statements made by me are found to be false.
ADOPTER'S SIGNATURE Chris Janeczak DATE: 07/16/2024
WITNESS SIGNATURE Wendy Montanez-Ortiz DATE: 7/16/2024

 $^{^{1}\,\}text{Current owner is defined here as the person who originally held the above-described animal in their possession.}$

² Adopter is defined here as the person who accepts for adoption the above-described animal. ³ Only applies to kittens less than 6 months of age.

Placement Questionnaire:

Have you had pets in the past? Yes What happened to them? Passed away unfortunately
How many hours would the pet be alone during the day? About 5
Will your cat be allowed outdoors? Sometimes If yes, how busy is your street? Main street, but she will be supervised.
Will you be getting a collar and tag for him or her? Yes
(We recommend it, even for indoor-only cats, there's a chance they might get out).
What arrangements will you make when you go away? Friend or relative
How often are you away? Once a year for a week.
Anything else you'd like us to know about you? She will be one loved and spoiled kitty!!
What appealed to you about this particular pet? Beautiful coloring & adopting is better than shopping.
Why are you interested in adopting now? It is time, empty nester.
References: Please provide information about a veterinarian you have used or will use.
References are checked.
Clinic Name: Shawsheen Animal Hospital Clinic Phone: 978-851-5558
Vet records are under the name of:
Personal reference who has seen you around animals: Allyson Casey
Phone number: 978-995-4281

This is a no-fee pet adoption. We suggest and encourage donations for rescuers and volunteers that help save animals in need in Puerto Rico.

Donations are voluntary and suggested to be given directly by you to Puerto Rico rescue efforts and vet care provided by rescuers. Suggested entities:

#StrayPawsPR

TNR_PUERTO_RICO SAVEAGATOR

FlightAngels

We thank you! for helping raise awareness and sharing your experience with others.







