



# Pet Adoption Agreement



#StrayPawsPR & Gatos Borincoo

Current Owner's<sup>1</sup> Name Juana Martinez

ADDRESS 124 Calle Vives

CITY Ponce, Puerto Rico ZIP CODE 00730 PHONE 939-209-8365

CAT Name Kenji BREED DSH SEX Male Spay/Neutered<sup>3</sup> No

DOB 7/15/2024 COLOR Orange Distinguishing marks Tabby  
estimated

I, Ellen Burke, hereafter referred to as the adopter<sup>2</sup>, 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<sup>3</sup> 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<sup>1</sup> 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<sup>1</sup> from time to time in good faith.

I hereby understand and agree that the current owner<sup>1</sup> 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<sup>1</sup> further gives no guarantees, expressed or implied, of the suitability of the animal to the adopter and/or his family.

Adopter's<sup>2</sup> Name Ellen Burke

ADDRESS \_\_\_\_\_ EMAIL ebsolareclipse@aol.com

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

I certify that all statements made by me on this adoption agreement are true and correct. I agree that the current owner<sup>1</sup> 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 \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE Wendy Montanez-Ortiz DATE: 8/21/2024

<sup>1</sup> Current owner is defined here as the person who originally held the above-described animal in their possession.

<sup>2</sup> Adopter is defined here as the person who accepts for adoption the above-described animal.

<sup>3</sup> Only applies to kittens less than 6 month of age at the time of adoption.

## Placement Questionnaire:

Have you had pets in the past? \_\_\_\_\_ What happened to them? \_\_\_\_\_

How many hours would the pet be alone during the day? \_\_\_\_\_

Will your cat be allowed outdoors? \_\_\_\_\_ If yes, how busy is your street? \_\_\_\_\_

Will you be getting a collar and tag for him or her? \_\_\_\_\_

(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? \_\_\_\_\_

How often are you away? \_\_\_\_\_

Anything else you'd like us to know about you? \_\_\_\_\_

What appealed to you about this particular pet? \_\_\_\_\_

Why are you interested in adopting now? \_\_\_\_\_

## References: Please provide information about a veterinarian you have used or will use.

References are checked.

Clinic Name: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

Vet records are under the name of: \_\_\_\_\_

Personal reference who has seen you around animals: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## 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](#)

[SAVEAGATO<sup>R</sup>](#)

[FlightAngels](#)

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

