



P.O. Box 590056, Newton Centre, MA 02459  
 781-893-CATS (2287)  
 info@evaskitties.org  
 www.evaskitties.org

### ADOPTION AGREEMENT

Adopter's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Cat: \_\_\_\_\_ Description: \_\_\_\_\_ DOB or Age: \_\_\_\_\_ M/F Altered: Y/N

Cat: \_\_\_\_\_ Description: \_\_\_\_\_ DOB or Age: \_\_\_\_\_ M/F Altered: Y/N

1. If the cat(s) is/are not already spayed or neutered, I agree to have it done by \_\_\_\_\_ (date) at a vet affiliated with *Eva's Kitties, Inc.* or at a Vet of my choosing. Once the procedure is completed and you send us a copy for our records, we will refund your deposit if requested. \*(Note: The Massachusetts State Department of Agriculture requires that we collect a deposit from adopters as a way of ensuring that all cats are either spayed or neutered.)
2. If for any reason I can no longer keep the adopted cat(s), I agree to notify *Eva's Kitties, Inc.* and to return the adopted cat(s) upon request. **I will not surrender the cat(s) to any shelter that allows euthanasia if a cat is not adopted within a certain time period.**
3. I agree that **under no circumstances**, with the exception of a veterinarian-documented *medical necessity*, will I ever have the following procedure performed: **feline onychectomy (declawing)**.
4. **I agree that the cat(s) will be an inside pet only.** We recommend that cats wear either a breakaway collar with ID tag and/or you have them microchipped in case the cat(s) gets out accidentally.
5. I agree to provide the cat(s) with necessary vaccines and veterinary care at the intervals advised by my veterinarian.
6. I have received all existing medical history and records for the cat(s). I understand that the cat(s) is/are, as far as can be determined, in good health.
7. I understand that any failure to abide by the terms of this agreement will constitute a breach of contract. If this occurs, I authorize *Eva's Kitties, Inc.* to reclaim both possession and ownership of the cat(s).
8. I would like to make a tax-deductible donation of \$ \_\_\_\_\_ to support the work being done by *Eva's Kitties, Inc.*

DONATION			
\$150 per cat over 5 years \$175 per cat 13 months to under 5 years \$200 per kitten up to 12 months \$250 for a kitten that hasn't been altered before being adopted*	\$ _____ Cat(s)	Included: - Spay/Neuter - Combo Test - At least two vaccinations: Rabies and FVRCP or two FVRCP shots	Check #
	\$ _____ Additional Donation		
	\$ _____ Total Donation		

\*Adoption Fee = \$250, \$50 of which serves as a deposit for having the cat altered. The organization will pay for the alteration in full if the procedure is performed at one of the vets affiliated with *Eva's Kitties*. If the procedure is completed at a Vet not affiliated with *Eva's Kitties*, we will reimburse the cost of the procedure in an amount not to exceed the highest fee of one of our affiliated vets. Once we receive notification that the procedure has been completed, the \$50 deposit will be refunded if requested to do so.

Adopter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Eva's Kitties, Inc.* Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please call us in a few days and again in a few weeks to let us know how the cat(s) are doing. Call immediately if you notice any change in behavior, any signs of illness, not eating or drinking, or lethargy. Call Eva Miller at 781-893-CATS (2287).