



## Another Chance Cat Adoption

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[www.anotherchancecatadoption.org](http://www.anotherchancecatadoption.org)

## INTAKE AND RELEASE CONTRACT

Cat Name \_\_\_\_\_ Date \_\_\_\_\_

This agreement is entered into this date by ACCA and Applicant for the release of interest in the above named cat, which will now reside within the ACCA foster care network until permanently placed into a forever home. Upon this date ACCA is the sole owner of the above named cat.

### Description of Cat

Sex: M  F

Spayed or Neutered: Y  N

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age of Cat \_\_\_\_\_

Micro-chipped: Y  N  (if "Yes") Company and ID Number \_\_\_\_\_

Current Veterinarian (name, address, phone) \_\_\_\_\_

Date of last Vet visit \_\_\_\_\_ Reason for visit \_\_\_\_\_

Date of last Vaccinations \_\_\_\_\_ Type(s) Given \_\_\_\_\_

Has cat ever been diagnosed with an illness: Y  N  (if "yes") Description \_\_\_\_\_

Is cat taking any medications: Y  N  (if "yes") List of meds: \_\_\_\_\_

Feeding Schedule: Free Feeding  Scheduled Feeding  Times: \_\_\_\_\_

Food Type: Dry  Canned  Both  Brand(s) \_\_\_\_\_

Cat gets along with: Other cats  Dogs  Other Animals  Children

Details \_\_\_\_\_

Does cat like to be handled/picked up \_\_\_\_\_

Is there an area where cat does not like to be touched? \_\_\_\_\_

Favorite toy, activity or object \_\_\_\_\_

In your own words, describe cat's personality \_\_\_\_\_

Any behavioral problems (i.e. not using litter box, scratching, etc.): Y  N  (if "Yes") Describe \_\_\_\_\_

Reason for giving up cat at this time/any health concerns \_\_\_\_\_

**Terms and Conditions**

1. We would like to encourage a \$100.00 donation to help care for the above named cat. ACCA will be providing food, medical, and care for an undetermined amount of time until the cat will be placed into its forever home.  
**Initial**\_\_\_\_\_
2. All information on this Intake/Release form is true and accurate to the best of applicant's ability and is not knowingly withholding information on the health of the above named cat. **Initial**\_\_\_\_\_
3. If it is found after reviewing veterinary records that applicant has knowingly withheld a health condition of above named cat, ACCA reserves the right to seek liquidated damages, court costs, collection costs, and attorney fees. Payment of damages shall not mean the cat will be returned to applicant. **Initial**\_\_\_\_\_
4. Applicant will provide a copies of, and release, all medical records, spay/neuter certificate, current health check within the previous three months, and vaccination history. Applicant will list any and all veterinarians used while the above named cat was in the applicant's care. **Initial**\_\_\_\_\_
5. Applicant has disclosed any medications used by, and all health conditions of, the above named cat.  
**Initial**\_\_\_\_\_
6. The above named cat has been tested for FIV/FeLuk and the results were negative. **Initial**\_\_\_\_\_
7. The above named cat has not been diagnosed with a serious illness within the last year. **Initial**\_\_\_\_\_
8. The above named cat has not had problems with diarrhea or vomiting within the last month. **Initial**\_\_\_\_\_
9. ACCA will not euthanize the above named cat due to overpopulation. **Initial**\_\_\_\_\_
10. This agreement shall insure to the benefit of, and is binding upon, adopter and ACCA including their successors or beneficiaries. Both parties have fully read, understand, and agree to the terms and conditions of this contract.  
**Initial**\_\_\_\_\_

**In testimony whereof, ACCA and Applicant to sign on this date:**

ACCA Board Signature\_\_\_\_\_ Printed Name\_\_\_\_\_ Date\_\_\_\_\_

Applicant Signature\_\_\_\_\_ Printed Name\_\_\_\_\_ Date\_\_\_\_\_

Applicant Address\_\_\_\_\_ Phone Number\_\_\_\_\_