

## **ADOPTION CONTRACT**

P.O. Box 207 Toast, NC 27049

Applicant Name:	
Address:	
City/State:	Zip:
Phone:	
Family/Friend Contact:	
Family/Friend Contact Phone:	
Name of Cat:	
Microchip Number:	
·	 Sex:
,	r Military ID) :
of surgery must be mailed to the original 6.To ensure that the cat's vaccinations for	
sickness, disease, or injury.  7. To give the original caregiver visitation riposerved.	ights to ensure that the terms of the adoption agreement are being
8. If the cat must be relinquished for any reto a humane society, shelter, or person, and/or address for the original caregiver effort to locate and contact the original of 9.1 understand that failure to perform the	but must return the car to Tiny Tigers Rescue. If the phone number is no longer operative, the current caregiver will make a good faith caregiver.  foregoing agreement will constitute a breach of contract. In the event ze the original caregiver to reclaim possession of the cat.
n return for the above conditions, the orig ne above mentioned cat.	ginal caregiver agrees to allow the prospective caregiver to adopt
Adoptor Cignaturo	Date

Original Caregiver Signature: \_\_\_\_\_

\_\_\_\_ Date: \_\_\_\_