



OFS Tag/ID No. _____

Our Farm Sanctuary

Tipp City, OH 45371 ; Phone: 614 772-5641 or 937 844-7412
ourfarmsanctuary@gmail.com

OUR FARM SANCTUARY (OFS) ADOPTION AGREEMENT

Name _____ Gender _____ Age _____ Breed/Color/Markings _____

MEDICAL INFORMATION (medical care received prior to placement; *parentheses mark due dates for boosters*)

Vet 1 _____ Phone _____

Vet 2 _____ Phone _____

Birth Date _____ FeLeuk/FIV Test Results (if any) _____ Spay/Neuter Date _____

Vaccine	1 st Shot	2 nd Shot	3 rd Shot
FVRCP			
FeLeuk Vacc			N/A
Rabies (1 yr __) (3 yr __)		N/A	N/A

Parasites	Date(s)	Date(s)	Date(s)
Strongid (Pyrantel Pamoate)			
Droncit (Praziquantel)			
Albon (Sulfadimethoxine)			
Panacur (Fenbendazole)			
Flagyl (Metronidazole)			
Revolution/Advantage Multi			
Advantage/FrontLine/1stShield			

Microchip Name & No. _____ Microchip Contact _____

ADOPTION INFORMATION

Adopting Family _____

Address _____

City _____ State _____ Zip _____

Phone: Home # _____ Cell # _____ Work # _____

Email address _____ Owner assumes responsibility for shots _____ altering _____

The adopting family agrees to provide a safe, affectionate, and healthy environment for the cat/kitten. In order to achieve these goals, the adopting family agrees to the following for the above named animal:

- Agrees that no member of the family has been charged with cruelty to animals.
- Shall keep the cat/kitten as an indoor pet and will provide sufficient, appropriate food, water, shelter, and veterinary care to maintain good health.
- Shall obtain and keep a license and/or rabies tag where required by law.
- Shall not have the cat or kitten declawed without express written agreement of OFS. In the unique case that declawing is approved, only laser declaw procedure will be permitted. Approved _____.
- Shall have a two-week trial period of adjustment during which time the cat/kitten may be returned to the OFS representative for a full refund of the adoption donation. After the 2-week trial period, the cat/kitten may be returned, but no refund will be issued.
- Shall have the cat/kitten examined by a vet within 7 days from the date of adoption (or at a forthcoming scheduled vaccination or microchip or alteration appointment). Due to incubation periods and occult issues, health cannot be guaranteed. Adopters are responsible for any health issues.
- In the event that the adopting family is unable to keep the cat/kitten, OFS Director MUST be notified and shall assist in its return or placement. At no time may the cat/kitten be sold, leased, or given away without prior written consent of the OFS Director.
- The cat/kitten is microchipped to OFS and will be registered to adopter. In the event that the cat gets outside, OFS is to be contacted immediately. It is understood that if OFS is not contacted and our cat is found outdoors, adopter is in breach of contract.

- If the adopting family elects to assume financial responsibility for shots and altering, they will provide receipts to document compliance.
- The adopting family agrees that if the OFS Director (or approved representative) determines that the terms and conditions of this agreement have not been upheld or the cat/kitten is not receiving proper care, the adopting family agrees to surrender custody of the cat/kitten upon demand. Should it be necessary to litigate in connection with any dispute, the adopting family agrees to pay all court costs and attorney fees.
- OFS does not warrant the temperament, behavior, or health of the rescue cat/kitten or that it is free of genetic defects. Furthermore, OFS is not responsible for any acts of the rescue cat/kitten while living with the adopting family. The adopting family, by placing their signature below, signifies their understanding of all the terms of the agreement and enters into the agreement freely and with good will.

FOR ADOPTING FAMILY:

Signature _____ Date _____

FOR OUR FARM SANCTUARY STAFF:

Signature _____ Date _____

Adoption Donation Offered \$ _____ Check # _____ Driver's License # _____

Co-adoption Cat(s) Name (s), if any (include Litter Name) _____

Please attach copies of vet records. See below for any Notes.

The following people may be called or texted to obtain assistance with OFS adopted cats.

OFS Representative: _____ Phone # _____
(please print)

OFS Representative: _____ Phone # _____
(please print)

Notes: