



NESAA
 P.O. Box 1041
 Osterville, Ma 02655
 (508) 771-7800 fax: 508-771-7801
www.nesaa.org

ADOPTION CONTRACT

The below information is being distributed by New England Society for Abandoned Animals, (NESAA) as a requirement upon the adoption of this animal. NESAA will provide a substitution (if available) or a full refund of the adoption fee of any cat to any adopter who:

- A. Within 14 calendar days of adoption has the cat examined by a licensed veterinarian of his or her choice, at their own expense, And the examination indicates the cat is diseased or has a congenital disorder:
- B. Provide the cat and the veterinarian's written statement that the cat is diseased or has a congenital disorder.
- C. Adopter must return all medical records and adoption paperwork when returning the cat.
- D. Should the adopter realize that the animal adopted had not adjusted well to new home or other circumstances that requires New owner to surrender the adopted animal.

I am acknowledging that I understand and agree to the following:

- 1. Humanely care for the animal and provide a forever home by providing food, fresh water, shelter and medical care.
- 2. If for any reason you cannot keep the cat, NESAA must be notified before placement is made in another shelter.
- 3. I agree to keep the cat strictly indoors and agree NOT to declaw the cat.
- 4. NESAA is NOT responsible for any UNAUTHORIZED medical expenses incurred after adoption.
- 5. There is a possibility that any rescued or sheltered cat has been exposed to an upper respiratory infection that may not be evident at the Time of adoption. If signs occur, contract your veterinarian.
- 6. All our animals have been treated for parasites:(Worms/Fleas/Ticks/Ear Mites). However, they may occur in the future.
- 7. Adoption fees are non-refundable, unless the above conditions apply.
- 8. NESAA cannot make any guarantee as to the health, size , temperament of the animal being adopted.
- 9. The first 30 days with your new animal friend may be the most difficult of your whole relationship together as your new pet learns to Adjust to his/her new home and family. Please NO NOT wait for a behavior or training problem to become a crisis before calling us for help 1-508-221-4956.

A copy of the pets complete vaccination, prophylactic medication and treatment records, will be maintained by the licensee as required pursuant to 330 CMR 12.09, and has been given to the adopter at the time of adoption. The adopter shall sign this statement acknowledging receipt of these records, to be kept As part of the licensee's record of adoption.

You are signing this statement acknowledging receipt of these materials and stating you understand these regulations. Having read and understood all of the above conditions, and assuming all legal responsibility for the animal adopted from NESAA,

I _____, agree to adopt _____ described
 PRINT NAME

Below,

Signature _____ Date: _____ NESAA initials _____

TO BE FILLED OUT BY NESAA ADOPTION COUNSELOR

Animal Friend Adopted

Name _____ Age _____ ID # _____ Color _____ M/F _____

Originated as:

Feral _____

Stray _____

Shelter _____

Rescue Group _____

Surrendered _____ Why surrendered? _____