

RG ID#	NAME:	AGE:
BREED:	DESCRIPT:	BREED: DESCRIPT:
RABIES TAG #	Next Due:	RABIES TAG # Next Due:
MICROCHIP#	Issuer:	
ADOPTION FEE (\$40/\$80 Adult; Kitten \$145) Method of payment:		

CLEAR CREEK CAT RESCUE

P.O. Box 231208, Anchorage, AK 99523 907-980-8898

clearcreekkitties@gmail.com

ADOPTION AGREEMENT

EIN #27-2265973

ADOPTER NAME: _____ AGE (18+): _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____ MAIN PHONE: _____

EMAIL: _____ ALT. PHONE: _____

INITIAL EACH:

____ This cat will be allowed to live indoors, and it will be allowed to go out into a safe outside area unless noted otherwise here.

____ If I cannot keep the cat for any reason I will notify CCCR. I will return the cat to CCCR. If the cat ends up at a shelter, ownership of the cat reverts to CCCR.

____ I will not declaw the cat as it will render the cat defenseless and force the cat to undergo a very painful and mutilating surgery.

____ I will allow CCCR to conduct a home visit to check on the welfare of the adopted cat. CCCR will call prior to conducting any home visit.

____ I understand that CCCR retains ownership of the cat for a period of 10 days after the physical transfer of the cat; and that during these 10 days, CCCR has the right to cancel this adoption contract, for any reason, upon the return of the adoption fee to the adopter.

____ I agree, that if CCCR cancels the adoption, I will return the cat to CCCR.

____ I understand that if I cancel the adoption of the cat for any reason within 10 days after adoption, my adoption fee will be returned upon return of the cat to CCCR.

____ I will not physically abuse or neglect the cat including its grooming and veterinary needs.

____ Feline Leukemia (FeLV) testing is NOT included in the adoption fee. Testing can be done at the adopter's discretion and expense.

____ I will provide a safe home for the above listed cat including feeding wholesome food and clean water daily.

____ I release CCCR from any financial responsibility for the above listed animal and understand that CCCR can not guarantee the health or temperament of any animal placed through the rescue.

I understand that I am adopting the above listed cat from CCCR and certify that all the listed information is correct to the best of my knowledge. I also understand that this is a contract between myself and CCCR and if any of the above listed terms are breached, ownership of the cat reverts to CCCR and CCCR has the right to remove the cat from my home.

Adopter's Signature

Date

CCCR Representative Signature

Date

Checks should be made out to: Clear Creek Cat Rescue and mailed to the address above.

CONTRACTUAL AGREEMENT TO NOT DECLAW

I, _____ (adopter's name), agree that I will not ever have declawed, or allow the declawing of, the cat(s) _____ (cat's name) that I adopt from Clear Creek Cat Rescue. I understand that this is a painful and unnecessary mutilation of the cat that could result in chronic paw and back pain, infection, inability to walk properly, and other physical ailments, inability to protect itself, as well as psychological problems that could result in the cat exhibiting behavior such as urinating outside the box, biting, fearfulness, anti-sociability, and aggressiveness. I agree that if I breach the terms of this agreement that ownership of the cat will immediately revert to CCCR and that CCCR has the right to reclaim possession of the cat. In addition, CCCR and I agree that, as it is difficult to predict the exact costs that CCCR will incur from caring for the declawed cat, I will be obligated to pay Clear Creek Cat Rescue liquidated damages of \$500, plus the cost of all veterinary care needed to deal with problems resulting from the declawing, as well as all attorney fees and court costs that are incurred in enforcing this agreement.

Signed by the above named adopter _____

on this _____ day of _____, 202__.

Print name: _____

Mailing Address: _____

City: _____ ZIP Code: _____

Email: _____

Phone: _____

Witnessed by CCCR Representative: _____

Date: _____