

TUFCAT

The UWC Feral Cat Project



"The Smart Solution"

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Donations will go towards veterinary treatments & sterilisations

ADOPTION AGREEMENT – CATS & KITTENS

A) ADOPTION DETAILS

Date of adoption: _____ Name of Cat/Kitten: _____

Donation to cover deworming, vaccination & sterilisation: R300.00 Paid? YES / NO

Breed: _____ Colour: _____

Sex: _____ Age: _____

Distinguishing features: _____

Sterilised: YES/NO Date of/for sterilisation: _____

B) APPLICANT'S DETAILS

Full Name : _____

Address: _____

Telephone: (HOME) _____ (WORK) _____

Cell: _____ E-mail: _____

1. Do you live in a house / townhouse / flat / other? (Please specify)

2. Do you have any children? YES/NO If yes, please state ages (for kitten adoptions only). _____

3. Do you have any other pets? NONE/CATS/DOGS/OTHER (specify): _____

4. Where will the cat/kitten sleep?

5. (For kittens only) Is there someone at home during the day? YES/NO

6. What is your reason for selecting this particular cat/kitten? _____

7. Which vet do you go to? _____

C) DECLARATION OF AGREEMENT

I, (Full Name) _____

herewith agree to the following conditions of adoption: I agree that when adopting a cat/kitten, all windows and doors will be kept closed for 2 weeks in the area where the cat/kitten is kept until it has settled in, so that it can become familiar with its surroundings in a safe environment. Later, the cat/kitten will be introduced to the rest of the house, still with all windows and doors shut, and then into the garden under my supervision at first.

IF FOR ANY REASON I CANNOT KEEP THE CAT/KITTEN, S/HE WILL BE RETURNED TO TUF CAT OR TO SOUTHFIELD VETERINARY CLINIC, AND MAY NOT BE GIVEN TO ANYONE ELSE.

Should the cat/kitten stray, get lost or die, I will inform TUF CAT, so that they may assist where possible.

I agree that the above information is true and correct. I further agree that a home inspection may be carried out by TUF CAT or designated volunteers, according to their regulations.

SIGNATURE OF NEW OWNER

_____ **DATE** _____

SIGNATURE OF TUF CAT MEMBER OR SOUTHFIELD VET REPRESENTATIVE

_____ **DATE** _____