

# SENIORS FOR SENIORS AGREEMENT



Fostered By: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Shelter Phone Number: 610-760-9009

A 501(c) (3) Non-Profit/ No-Kill/ Tax Deductible Organization

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

Adopter: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Color/Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

~Date of Animal's Birth: \_\_\_\_\_ ~Age: \_\_\_\_\_

What is the name of your Veterinarian? \_\_\_\_\_

Transportation Contact IF Animal Has a Medical Emergency and Adopter Does Not Drive:  
(Name / Phone Number) \_\_\_\_\_

IF RECENTLY MOVED (NEW ADDRESS): \_\_\_\_\_

I understand that the shelter will provide food, cat litter, and medical treatment to support the well being of the animal. I understand that the shelter can demand the return of the animal to the shelter if I do not comply with this agreement or I die. I also understand this agreement is legal and binding. **ABSOLUTELY NO DONATIONS WILL BE REFUNDED!**

By signing below, I agree to the following:

1. To KEEP the adopted animal(s) **in the house** and not to be let out for any reason (Except for an emergency).
2. To provide proper and adequate **food, water, shelter, and kind treatment** and to **keep** this **animal inside** at all times.
3. To provide veterinary care to the animal to prevent and cure illness. I will contact the appropriate FFF volunteer for an appointment with the FFF veterinarian or an appointment with an approved veterinary hospital (Country Doctor, Walbert Animal Hospital, or Valley Central (after hours)). If I take the animal to an unauthorized veterinarian appointment, then I assume all veterinarian costs.
4. To obey local laws regarding licensing and animal control.
5. **NOT TO sell, give away, or abandon** the animal if I no longer desire it, but to **return** it to FFF.
6. **NOT TO sell, give away, or use** the animal for **experimental** purposes.
7. That FFF is in no way responsible for any **damage**, which the animal may do to another **person** or **property** and no attempt will be made to hold FFF responsible.
8. To accept the animal **as is**, and that FFF is in no way responsible for the condition of the animal.
9. To provide **access** to the animal at the request of FFF representatives who may **visit to check** on the animal's welfare.
10. Should the animal have to be **returned** to FFF for whatever reason, **please give a minimum of 2 weeks notice.**
11. All adopters are responsible for **notifying** FFF of any change of address for follow-up purposes.
12. If the **animal is taken to a veterinarian**, and they suggest that the **animal be put to sleep, you must contact FFF** first for a second opinion.
13. Forgotten Felines and Fidos have the right to choose NOT to adopt for any reason to an individual.
14. In the event you fail or refuse to pay any amounts due under the Agreement or if you issue a check or similar order for the payment of money, which is returned for insufficient funds, we will be **entitled a fee of \$25.00** for all such **checks returned, as well as reimbursement of all costs and expenses** incurred in the collection of any amounts due, **including reasonable attorney's fees.**
15. That any **adoption donation** given **will not be refundable.**

Adopter's Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Suggested **MINIMUM TAX DEDUCTIBLE** Donation \$20.00: (CHECK)\$ \_\_\_\_\_ (CASH)\$ \_\_\_\_\_

**NOTE: THE PENNSYLVANIA STATE LAW REQUIRES THAT THE ANIMAL IS PROVIDED WITH FOOD, WATER, SHELTER AND VETERINARY CARE.**

**DATE(S) DONE:**

Spay/Neuter: \_\_\_\_\_

By Veterinarian: \_\_\_\_\_

Declawed: \_\_\_\_\_

FIV: \_\_\_\_\_

Leukemia (FELV) Test: \_\_\_\_\_

RESULT (Circle One):      POSITIVE                      NEGATIVE

**VACCINATION/MEDICAL HISTORY**

**DATE(S) DONE:**

**APPROXIMATE DATE(S) DUE:**

Distemper Shot: \_\_\_\_\_

Distemper Shot: \_\_\_\_\_

Rabies: \_\_\_\_\_

Rabies: \_\_\_\_\_  
(or at time of spay/neuter)

Ear Mite Treatment: \_\_\_\_\_

Brand Name: \_\_\_\_\_

Flea Treatment: \_\_\_\_\_

Brand Name: \_\_\_\_\_

Worming Treatment: \_\_\_\_\_

Brand Name: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

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

Weight: \_\_\_\_\_

Food: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

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