



SNAP ADOPTION CONTRACT

SPAY NEUTER ASSISTANCE PROGRAM, INC.

INTERNAL ID#: _____

MCROCHP #: _____

EMAIL: SNAPOFPA@HOTMAIL.COM

WEBSITE: <https://www.snapofpa.org/>

THIS AGREEMENT IS MADE AND ENTERED INTO THIS _____ DAY OF _____, 20____ BY AND BETWEEN **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)** AND THE ADOPTING INDIVIDUAL(S), WHOSE NAME(S) ARE COMPLETED BELOW AND WILL BE HEREINAFTER REFERRED TO AS THE **"NEW OWNER"**.

FIRST NAME: _____

LAST NAME: _____

ADDITIONAL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

BEST WAY TO REACH YOU? CELL/ TEXT/ EMAIL/ HOME PHONE

DRIVER'S LICENSE NUMBER: _____ STATE: _____

DATE OF BIRTH: _____

➔ **IN THE EVENT THAT I AM NO LONGER ABLE TO CARE FOR THIS CAT/KITTEN, LISTED BELOW IS THE PERSON WHO WILL ASSUME RESPONSIBILITY FOR MY PET'S CARE:**

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

PET DESCRIPTION/INFORMATION					
Pet Name:		Color:		DSH / DLH	
Est. DOB:		Breed:		Male/Female	
Spay/Neuter Date:				Declawed?	

BY INITIALLING EACH STATEMENT BELOW...I/WE AS THE NEW OWNER(S) INDICATE MY (OUR) AGREEMENT TO THE FOLLOWING:

1. _____ I agree to provide a safe and loving INDOOR ONLY home for the Pet(s) for the lifetime of the Pet(s). **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)** reserves the right to check on the welfare of the animal post adoption. I agree to safeguard this cat/kitten from loss or mishap. Under NO circumstances will I allow my pet to run at large. I also agree to take the necessary precautions to prevent the "accidental" incidence of my pet "getting out" at all times.
2. _____ If at any time, and for any reason, I am unable to continue to provide a safe and loving home, I will contact either **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)** or the individual Foster Caregiver from whom I adopted my pet to assist me with rehoming. **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)** shall be afforded the first opportunity to take back any animal adopted from us.
3. _____ I agree that I will NOT surrender to an SPCA/Shelter/Rescue. If I am unable to care for the Pet(s) at any time, **I will not sell the Pet(s), post the Pet(s) on Craigslist, Facebook or any social media site as doing so will put the Pet(s) at risk.**
4. _____ If I have arranged for this Pet(s) to be transferred to the ownership of a known and trusted relative or friend, I agree to notify **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)**, and receive agreement to this arrangement by **SNAP**. I also agree to provide the full name, address, and phone number of the person(s) to whom I am transferring ownership in writing prior to the transfer.
5. _____ I understand that returned/rehomed cats/kittens *should* be current on vaccinations and access to all vet records *must* be granted to **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)** or the new owner(s).
6. _____ I agree to notify **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)** of any urgent problems with my cat or kitten **within the first 7 days** of adoption so we may help guide you. Feline Infectious Peritonitis (FIP) is now treatable. **Do Not Euthanize.**
7. _____ I agree to provide food, medical care, routine annual examinations, vaccinations, and all treatments as directed by a licensed veterinarian for this pet.
8. _____ I am prepared to provide financially for whatever is needed for my pet's health regardless of cost. I understand and agree to provide emergency care, medical treatment, and medications for this pet. I will not choose euthanasia rather than assume the cost.
9. _____ I have **the approval of my landlord**, and any persons sharing my household to adopt this pet. I commit that the landlord is aware of this adoption and pets are allowed. In addition, I agree to make every effort not to move to any situation where my cat is not allowed in the future.
10. _____ I understand that the health records of this cat/kitten since in our care have been disclosed and once adopted it is my responsibility to treat any illnesses and provide ongoing wellness care. I agree and understand that **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)** *does not reimburse for veterinary care after adoption.*
11. _____ I understand that this cat/kitten has been tested for FeLV/FIV, been treated for internal parasites, and been vaccinated. I agree to follow up with my veterinarian for any additional vaccinations, re-testing if recommended, and/or treatment. I also agree that if anything is passed to one of my present cats as a result of this adoption, I will not hold **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)** responsible.
12. _____ I understand that **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)**, has limited information regarding the temperament, age, background, and/or habits of the animals in our foster care program and agree to accept the Pet(s) as described. I understand that **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)** makes no representations or guarantees as to the health or temperament of this cat/kitten. **I agree to hold SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP) harmless for damage or injury caused by the pet.**
13. _____ I understand that **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)** cats and kittens will not be declawed and agree to abide by this regulation. Attempting to declaw or having the adopted cat/kitten declawed is a breach of this adoption agreement and will result in your forfeiting possession/ownership of the animal and immediate return of the animal to **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)**. Declawing is an amputation of the last bone of your cat's claw. It often results in behavioral issues (no longer wanting to use their litter box), temperament issues (biting as the defense since their claws are gone), and emotional issues (depression). Declawing is NOT routine and is in fact serious surgery. Your cat's claw is not a toenail. It is closely adhered to the bone, so closely that the last bone of your cat's claw must be removed. Use of lasers in this surgery does not lessen the seriousness or disfigurement caused by this surgery.
14. _____ **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)** has implanted a microchip in this cat/kitten. Your registration of the microchip is required. It is at no cost to you.

PLEASE NOTE:

- ▶ **SNAP** cats/kittens are local strays without historical vet records or prior medical history. We do our best to disclose any health issues, but we may have no knowledge of underlying medical or chronic conditions.
- ▶ Our adoptable cats and kittens are treated for any obvious illnesses or injuries and are up to date with the vaccinations specified on the medical record form. Pre-intake exposure to an undetected illness could still present itself post-adoption. Additionally, the medical record form indicates treatment given for the most common types of intestinal parasites. A stool test is not performed prior to adoption, unless noted on the medical record form. It is strongly recommended that this be done at the time of your initial post-adoption vet visit.

RECEIVED AT THE TIME OF ADOPTION: A NON-REFUNDABLE DONATION OF \$ _____ CASH / CHECK # _____ /ONLINE _____

- ▶ **This Contract shall be binding upon the assigns, heirs, executors, transferees, and administrators of the parties hereto.** The parties hereto have hereunto set their hands the day and year above written. Failure of the New Owner to comply with the provisions of this Agreement shall result in the forfeiture of the Pet(s) to **SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP)**.

Further, by way of my signature below, I agree to the terms of this agreement. I am aware that this agreement is a **Legal binding contract under the Laws of Pennsylvania** and that all terms of this contract will be enforced to the extent that the law permits and for the welfare of the animal. I acknowledge that I have received good and valuable consideration which includes, but is not limited to, ownership of the selected cat/kitten.

New Owner(s)		SPAY NEUTER ASSISTANCE PROGRAM, INC. (SNAP) Representative	
Print Name		Print Name	
Signature	Date	Signature	Date
Print Name			
Signature	Date		