



Terms of Adoption

ADOPTER MUST THOROUGHLY READ AND AGREE TO ALL TERMS OF ADOPTION

The Adopter will (please initial beside each point):

- _____ provide nutritious food, adequate shelter, care and medical attention to this animal at all times, as per the Animal Protection Act of Saskatchewan, and the provisions of the Cruelty to Animals Section of the Criminal Code of Canada. **Note: Regina Cat Rescue does not adopt to those planning to de-claw the cat.**
- _____ not allow the animal to roam at large, as per Regina Animal Bylaw No. 2009-44, Part III, Article 12. Please review the full bylaw at www.regina.ca/business/bylaws.
- _____ acknowledge that it is my responsibility to purchase a City of Regina pet license for my adopted cat. These can be purchased at any vet clinic as well as the Regina Humane Society.
- _____ notify Regina Cat Rescue immediately at adoptions@reginacatrescue.com if the cat becomes ill within 30 days of the adoption date **and prior to** taking the cat to the vet except in an emergency. RCR will refer you to a partner veterinary clinic for treatment and may provide financial assistance, especially for pre-existing conditions. **Reimbursement of veterinary care costs is not guaranteed if consultation does not occur prior to incurring those costs.**
- _____ notify Regina Cat Rescue if the cat is lost or stolen at any time.
- _____ notify Regina Cat Rescue immediately at info@reginacatrescue.com if I am unable to keep the cat, with the understanding that RCR will assist in re-homing the cat or will place back in foster care. I will not re-home the cat on my own without the express permission of Regina Cat Rescue.
- _____ understand that it is my responsibility to transfer the ownership listed on the tattoo or microchip. To transfer tattoos email lostandfound@reginahumane.ca. Microchip transfers are done by contacting the microchip company and providing a signed copy of this contract.
- _____ accept follow-up inquiries on the status of this animal from Regina Cat Rescue volunteers and respond to them in a timely manner.
- _____ acknowledge that adoption fees must be paid in cash or by e-transfer and that **adoption fees are non-refundable**. Tax receipts are not issued for adoption fees.

Please Note:

- Any additional monies donated above the adoption fee are appreciated and will be applied directly to Regina Cat Rescue's rescue activities and sterilizations. Tax receipts are issued for donations above the adoption fee.
- Regina Cat Rescue cannot guarantee the health, temperament, or behaviour of the adopted animal.
- Regina Cat Rescue does not routinely test cats for feline leukemia or feline immunodeficiency virus (FIV), but the contract will note if this has been done.
- All personal information collected in this form is handled in accordance with The Personal Information and Electronic Documents Act. For more information on Regina Cat Rescue's Privacy Policy, visit reginacatrescue.com. Policies are located under "Governance."

For Foster Parents:

- Please follow instructions for adoptions as outlined in the Foster Parent Contract. Prepare two (2) copies of Page 2 of this document, completed in full and signed by you and the Adopter. Give one (1) copy to the Adopter and retain one (1) copy for RCR. Provide the original spay/neuter record to Adopter, if available. Collect the non-refundable adoption fee and provide it to the proper RCR volunteer along with the completed contract (in person, or mail to the address at the top of this page.) Contact the Adopter to follow-up within one (1) week after the adoption and record findings on Page 2 of the RCR copy of this contract.



Adoption Contract

ADOPTER Name: _____

Address: _____ **City:** _____ **Postal Code:** _____

Phone: _____ **Phone (work):** _____

Cell : _____

Email: _____

ANIMAL Name (RCR): _____ **Name Change per Adopter:** _____

Breed: _____ **Colour/markings:** _____

Approximate birthdate: _____ **Gender :** _____

Tattoo Letters/Number: _____ **Microchip Number:** _____

Date Sterilized: _____

RCR Vet Clinic: _____ **Adopter's Vet Clinic:** _____

Medical Follow-up Needed: _____

Vaccine (Note: Rabies vaccine not routine)	First Vaccination Date Given	Booster Vaccination Date Given	Annual Vaccination Date Given
Combination Vaccine of Feline Rhinotracheitis; Calici & Pan-leukopenia Virus'			

ADOPTION Date: _____ **Fee Collected (Amount/Initials):** _____

Follow-up post-adoption by Foster Parent (Date/Comments): _____

DECLARATION: I, the Adopter, hereby acknowledge that I am adopting the above-described animal, that I have read, understood and agreed to the Terms of Adoption as outlined on Page 1 of this document, and that I am contractually obligated to follow the directives contained within this contract.

_____ Yes, please add me to the email list for Regina Cat Rescue's monthly E-Bulletin (Optional).

Signature of Adopter: _____ **Date:** _____

Signature of RCR/PetSmart Witness: _____ **Date:** _____

Name of RCR/PetSmart Witness (Print): _____