

Microchip # \_\_\_\_\_

LSAR Tag # \_\_\_\_\_

**Life Savers Animal Rescue**  
P. O. Box 643, Polson, MT 59860

**ADOPTION AGREEMENT- Feline**

In consideration of receiving the animal described below from Life Savers Animal Rescue (the "Agency"):

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Sex	Name	Breed	Born (Approx.)
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1. I agree to provide access to proper shelter from the elements when the animal is outdoors.
2. I agree to provide proper and sufficient food, water, shelter, exercise, veterinary care and loving humane treatment at all times.
3. I agree that any agent or representative of the Agency may examine this animal and/or make inquiries about the animal and its living conditions at any reasonable time.
4. I agree not to allow this animal to run at large or to become a public nuisance. I will comply with the animal control ordinances applicable to the area in which I live.
5. I agree not to permit this animal to be used for the purpose of experimentation or vivisection.
6. I understand that the Agency makes no representations, warranty or guarantee as to the health, disposition or expected life span of any animal because the Agency is uncertain of its background. I understand that the Agency has caused the administration of the vaccines listed on the reverse side hereof. I also understand that the animal has displayed no evidence of illness or health problems during the time it has been under the care of the Agency except as disclosed under "Observations" on the reverse side hereof. The Agency does inquire of known owners as to whether the animal bites, otherwise the Agency makes no representation, warranty or guarantee that the animal does not bite.
7. I agree that no claim, action, demand, suit in law or in equity will be brought by me or my assigns against the Agency, its agents, officers, directors, employees or other representatives by reason of this adoption and I hereby forever release and discharge the Agency, its agents, officers, directors, employees or other representatives from any and all actions, suits, claims and demands of any kind whatsoever arising from this adoption.
8. LIQUIDATED DAMAGES: I agree to pay to the Agency the sum of \$100.00 as liquidated damages in the event that the terms of this agreement are wrongfully breached by me. This liquidated damage value is agreed to for the purpose of establishing value and does not bar the Agency from seeking return of this animal by a judicial process or other legal means.
9. ATTORNEY FEES AND COURT COSTS: I agree to pay reasonable attorneys' fees and court costs in the event that this matter requires the services of an attorney for the Agency to enforce the terms and conditions hereof.

10. I UNDERSTAND THAT ANY SUM I HAVE GIVEN THE AGENCY IS A DONATION TOWARDS ITS WORK IN CARING FOR ANIMALS AND IS NOT REFUNDABLE.

I have read all of the above and agree to be legally bound to the terms and conditions stated above. I have received a copy of this agreement.

Signature of Adoptor \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Adoptor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

E-Mail address: \_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Donation received \$ \_\_\_\_\_

**Vaccination Record**

Rabies \_\_\_\_\_

FVRCP/FVRCCP \_\_\_\_\_

[Rhino-Calicivirus, Panleulopenia/Chlamydia]

Spay/Neuter date \_\_\_\_\_ Remove Sutures \_\_\_\_\_

**Deworming Record**

Roundworm:

Tapeworm:

**Earmite treatment**

**Boosters Required**

Observations:

We do not vaccinate cats for Feline Leukemia and we do not test them for FIV/FELV. We highly recommend to health check your adopted cat within 10 days after adoption. You have the option at your expense to blood test for the Leukemia virus. If the test is positive for Leukemia, we are willing to take the cat back and we will reimburse you for the adoption donation.

\_\_\_\_\_ Initial