



Gregory's Gift of Hope

1374 Highway 65, New Richmond, WI 54017

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FELINE ADOPTION AGREEMENT

Thank you for your interest in adopting a feline from Gregory's Gift of Hope, Inc. In order to provide the right adoption placement for you and our animals, we ask that you answer the following questions **as completely as possible**.

PLEASE NOTE: All GGOH felines are required to remain indoor cats and not allowed to roam outside. They are also not to be declawed. If you are not willing to accept these terms – you need not continue with this application.

YOUR INFORMATION:

Last Name _____ First Name _____

Address _____ City/State/Zip _____

Email Address _____ Phone _____ (H) _____ (C) _____

Best time to reach you: _____

Please list any potential preferences in a perspective rescue adoptive pet (age, sex, breed specific, personality, size, etc.)

Potential Animal to be adopted or of interest to the above: Name _____ Sex _____

For office use if adoption approved:

Name of Adopted Feline _____ Sex _____

Date of Birth _____ Breed _____ Color _____ Altered Date _____

APPLICATION INSTRUCTIONS:

Skip to Page 3 and answer the questions on Pages 3-5. Once all questions are answered as completely, honestly, and accurately as possible, return to Page 2 and complete the Terms and Agreement portion of this application.

ADOPTION TERMS AND AGREEMENT:

1) I, hereafter referred to as the ‘adopter’, agree that the aforementioned animal is being adopted by me solely, as a pet for myself and/or my immediate family. I agree that I will not sell, give away, or otherwise dispose of said animal to any person, dealer, retailer, auction or other entity, for any reason.

If, at a later date I determine a need to surrender this animal, I will first contact GGOH and have an evaluation performed in my home to determine if there are options available to work towards keeping the animal vs. surrendering it back to the program. If additional time and options are discussed and found to be in the best interest of the animal, I agree to further consult with GGOH at the end of such time to determine suitability of keeping vs. surrendering said animal. This determination will be made jointly with the required GGOH Staff member(s) and me.

Initial here: _____

2) I have been informed and understand that any surrendering back to the program will incur a \$100.00 surrender fee and any said animal will need to be up-to-date on all vaccinations – copies to be provided by current veterinarian clinic in use by me (the original adopter).

Failure to provide and abide by these conditions will result in a \$500 fine (enforceable by court order).

Initial here: _____

3) I agree to care for the above described pet in a humane and responsible manner and to provide shelter, food, water and proper veterinary care. I further agree that the pet shall reside inside my home and WILL NOT BE ALLOWED TO ROAM OUTSIDE. I agree that any feline(s) adopted from Gregory’s Gift of Hope, Inc. will NOT be declawed.

Initial here: _____

4) I agree to pay the adoption fee to cover the rescue’s expenses in caring for the animal prior to this adoption. **This fee is non-refundable. \$250.00** Kittens* (Up to 6 mos.) / **\$200.00** Cats (7 mos. to 9 yrs.) / **\$150.00** (Seniors-10 yrs. and Up)

***All Kittens up to 6 months of age are the responsibility of the new owner to spay and/or neuter.**

Initial here: _____

5) I understand, and agree, that Gregory’s Gift of Hope, Inc. makes no representations or warranties (expressed or implied) about the animal’s temperament and is absolved from any liabilities for future damages or injuries caused by said animal.

Initial here: _____

6) I understand that the adoption decision is dependent upon many factors, including (but not limited to) the compatibility of the family and home to the individual animal as determined by the various home visits and trained representatives of GGOH, Inc.

Initial here: _____

7) I understand that omission of information or failure to answer all questions may result in this application being declined.

Initial here: _____

8) I have read all requested information carefully and certify that all statements made by me are true and accurate.

Initial here: _____

9) I understand that Gregory’s Gift of Hope, Inc. has the right to confiscate the aforementioned animal(s) in the events these statements are found to be false.

Initial here: _____

Adopter’s Signature _____ Date _____

GGOH Representative’s Signature _____ Date _____

Please answer the below questions as completely as you can. This information will help us to determine the best animal for your situation; should it not be the animal you have expressed an interest in, we will discuss this with you and provide further options.

HOUSEHOLD INFORMATION:

- 1) Please list names, ages and relation of all persons living in the household: _____
- 2) If there are no children living with you, are there children that visit? (Ex: grandchildren, children you babysit, neighbor's children) _____
- 3) **IMPORTANT:** Does anyone in the household currently have (or have they had) allergies? _____
- 4) What type of housing do you live in? ___ Apartment ___ Condo ___ Town-home ___ Single Family
- 5) Do you own or rent? _____ How long have you resided at this address? _____

LANDLORD APPROVAL:

If you rent, do you have permission from your landlord to house an animal? ___ Yes ___ No

In order for the adoption process to continue, you will need to provide us with written authorization from your landlord stating that you may house an animal, as well as stating any limitations or restrictions. **Until this paperwork is in our hands the adoption process is stalled (meaning no further work on this adoption will happen until we have your rental authorization).** You may email, mail or drop off a copy of your signed rental paperwork to us at any time.

I, as the adopter, agree to provide this information.

Initial here: _____

CARE AND WELLBEING:

- 1) The life span of domestic felines can sometimes go well beyond 15 years. Are you committed and willing to take responsibility for this animal for the duration of its life? ___ Yes ___ No
- 2) Are you prepared for the annual cost of caring for this animal? Feeding; veterinary care; grooming; licensing, etc? Be aware these costs can be in the \$750-900 range per year for felines. ___ Yes ___ No
- 3) We require that all animals adopted from us be spayed or neutered. Do you have any questions or reservations about this policy? ___ Yes ___ No If yes, please provide in detail: _____
- 4) Have you even owned a cat before? ___ Yes ___ No If yes, what particular breed(s)? _____
- 5) What kind of experience do you have (or had) with cats, grooming, or dealing with pet issues? _____
- 6) Are you aware that changing a pet's environment may cause it to have adjustment or other issues? ___ Yes ___ No
- 7) If behavioral problems arise with this feline*, what steps will you take to work with/on them? _____

**Please note that GGOH is willing to provide consulting on various issues that may arise. If interested, please contact a representative immediately upon any developing concerns with this rescue animal.*

- 8) What circumstances would make you return/ re-surrender a feline? _____
- 9) How many hours will the cat(s) be left alone (per day)? _____

- 10) Where will the cat(s) be kept when left alone? _____
- 11) How will you provide a stimulating environment? _____
- 12) Who will be the primary caretaker of the cat(s)? _____
- 13) Have you thought about arrangements for your pet(s) should something occur such as a hospitalization or even death? Although unpleasant to think about, these things can happen leaving pets homeless and in need of care. ___ Yes ___ No
Please describe what actions you might take: _____
- 14) How often do you travel? _____
- 15) How will you provide care for the cat(s) when traveling? _____
- 16) Have you ever given away or re-homed a pet in the past? ___ Yes ___ No If yes, please provide commentary in the next section regarding pet ownership history.

PET OWNERSHIP HISTORY:

PLEASE LIST **CURRENT AND PREVIOUS** PETS AND STATUS OF EACH.

Name & Breed	Cat/ Dog	Sex M/F	Altered Y/N	Declawed or Debarked Y/N (If yes, indicate which or both)	Current Age or Age at Time of Death	Current with Vaccines Y/N	Deceased/No longer in your possession? Provide circumstances surrounding expiration and year of passing or year animal was last in your possession and why you no longer have the animal.

NOTE: GGOH requires that all its rescue animals receive an annual exam and vaccinations as required by law and in accordance with local animal ordinances.

Veterinary Medical Release Authorization. Please sign to provide us with a current copy of records.

I authorize the release of my current pet's medical records from (Veterinarian office/ph#) _____
_____ to Gregory's Gift of Hope, Inc. for the purposes of evaluating
my feline adoption application and contract.

Initial here: _____

HOME VISIT(S):

- 1) As part of our adoption process, we do require a home visit (one or more) to verify that the pet would be going to a safe and caring environment. Are you willing to permit a home visit? ___ Yes ___ No
- 2) GGOH also reserves the right to do further follow up visits after an adoption has been completed to guarantee the continued safety and well-being of our rescue animals. Do you have any objection to follow up visits? ___ Yes ___ No

PERSONAL REFERENCE INFORMATION:

Please supply names and telephone numbers for three (3) personal references, including your own veterinarian.

Name _____ Phone# or email _____

Name _____ Phone# or email _____

Name _____ Phone# or email _____

THANK YOU FOR CHOOSING TO ADOPT A RESCUED ANIMAL IN NEED!

Disclaimer: *Gregory's Gift of Hope, Inc. reserves the right to reject any application based on information obtained on the application or home visit(s). Please understand that our primary goal is to ensure the health, happiness and safety of our rescued animals.*

For Shelter Staff Only:

Application **Approved** By: _____ Date _____

GGOH REPRESENTATIVE'S SIGNATURE _____ Date _____

Application **Approved with Modifications** By: _____ Date _____

Modifications/Discussions with Adopter Noted Below: **Adopter to initial here:** _____

GGOH REPRESENTATIVE'S SIGNATURE _____ Date _____

Application **Denied** By: _____ Date _____

GGOH REPRESENTATIVE'S SIGNATURE _____ Date _____

Reason for Denial: _____
