



Cat Adoption Contract

Name of Animal: _____ Sex: _____ Age: _____

Breed: _____ Description: _____

I (we), the undersigned, understand the following:

- The Floyd County Humane Society (FCHS) is made up of volunteers who receive no compensation for their services rendered to the FCHS.
- I am to pay an adoption fee, payable to the Floyd County Humane Society. I understand that this fee will cover all age appropriate vaccines at the time of adoption, as well as a spay or neuter at a veterinarian of FCHS choosing, but may not include an individual feline leukemia/FIV test (all adult cats are tested and one kitten per litter is tested).
- I am required to take the cat to a veterinarian for all necessary vaccines that have not been given at the time of adoption.
- **If the cat has not been altered at the time of adoption, I am responsible for having the cat altered by 5 months of age and for providing proof of alteration to FCHS.** I am responsible for notifying FCHS regarding the scheduled appointment and contact information for the veterinary clinic *ahead* of the surgery date. The adoption fee includes the cost of spay/neuter **if pre-arranged by FCHS at a veterinarian chosen by FCHS**. If I choose another veterinarian, I am responsible for any amount above the reimbursement amount of \$80. (April 2026) **I am required to have the above cat spay/neutered by _____**
- I am aware that the rabies vaccination for cats and dogs is required by Virginia state law. I will keep my cat current on its rabies vaccination (booster shot in one year, and then every three years). If my cat is going to be an outdoor or indoor/outdoor pet, I agree to keep it current on all other vaccinations as well. If the cat I am adopting is to be a barn cat, I agree to keep it current on all vaccinations to the best of my ability.
- I will take my cat or kitten to the vet, if necessary, throughout its life. I understand that certain feline diseases cannot be reasonably tested for and/or cannot be vaccinated against, and that FCHS is NOT liable for medical costs associated with an ailment that was undetected in the cat at the time of this adoption.
- I agree to allow home visits at the discretion of FCHS.
- If I do not comply with this contract, or it is discovered that the above cat is not receiving adequate care or has not been neutered in a reasonable amount of time, the cat in question shall be reclaimed and ownership will revert back to FCHS.
- If I ever have to find a new home for my cat, I will notify FCHS. If I am unable to find a new home for my cat, I will relinquish it back to the custody of the FCHS. I will not take it to the pound or to another shelter. I am responsible for making arrangements at my expense for said cat until FCHS can arrange for foster care or shelter space. I am also responsible for the expense of returning the animal to FCHS.
- **ADOPTION FEES ARE NON-REFUNDABLE.**
- **I certify that I have never been charged or convicted of animal cruelty, neglect, or abandonment.**
- By signing this contract, I give FCHS the right to obtain additional information on this cat from my vet, following adoption.

FCHS may share adoption information with our adoption partners or other affiliated organizations. Please select this box if you would like to opt out of sharing this information.

Name:(print) _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (home/cell): _____ Email address: _____

Signature: _____

Adoption Fee \$ _____ Paid via (circle one): Cash Check Credit Card

FCHS Representative: _____ Square Givebutter



**FLOYD COUNTY
HUMANE SOCIETY**
Serving Pets & Their People

Thank you for adopting _____
(FCHS foster pet's name)

Your pet must be neutered by:

(to be completed by FCHS representative)

- If you want FCHS to cover the entire cost of the procedure, **you must Pre-arrange the appointment** through our spay/neuter coordinator by calling 540-745-7207 or emailing info@floydhumanesociety.org (FCHS schedules surgeries at Mountain View Clinic in Christiansburg.)
- If you wish to have your personal veterinarian perform the procedure, FCHS will reimburse you \$80 toward the cost.

You must provide a copy of the itemized receipt showing the following:

- Your Name
- Your Pet's Name
- Spay/Neuter Charge
- Date of Procedure

You may email a copy to info@floydhumanesociety.org