



Driver's License #: _____
Volunteer: Provide a photo or copy of Driver's License. MANDATORY

Bear Garden Plantation Animal Rescue 1164 Hwy 258-N, Snow Hill, NC 28580 252-531-0453

Feline Adoption Application and Contract (if approved)

DONATION AMOUNT RECEIVED? \$ _____ BY: _____ CASH _____ CHECK _____ Online _____

Animal Name / Description _____

Why are you interested in adopting? _____

How long have you been thinking about adoption? _____

PERSONAL INFORMATION

Last name: _____ First name: _____

Address (must be the address at which pet will reside) City/State /Zip _____

Phone: Work _____ Cell _____

Email: _____

Have you ever been charged with a violent crime or animal abuse/neglect? Yes No

Are you 18 years of age or older? Yes No

LIFESTYLE INFORMATION

Do all members of your household know and agree with your plan to adopt? Yes No

Cat's primary living situation:

Cat will be house pet, living primarily inside Cat will live in garage or basement

Cat will live outdoors Cat shelter provided

How many hours per day will the cat be home alone? _____. When home alone the cat will be? (check ALL that apply) Cat will be loose Indoors Outdoors

Type of residence: House Duplex/Townhouse Apartment Other _____

If renting, how many pets are you allowed? _____ Size/Weight/Breed restrictions?

Are able to financially afford any required pet deposits, flea treatments and other routine vet care? Yes No

What are your plans for your pet if you have to move? _____

What are your plans if you need to be away from home for more than 24 hours?

OTHER PETS / EXPERIENCE

Do you or anyone you are living with currently have any other pets? Yes No

Dog Cat Spayed/Neutered Yes No Age: _____ Indoor Outdoor Both

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Are these animals current on all Vaccinations Yes No I don't know

If your pets are not spayed/neutered please explain why _____

If you currently already have a cat or cats, please answer below:

Has your cat(s) been tested for Feline Aids and Leukemia? Yes No

Results? _____

Is your current cat(s) declawed? Yes No

Do you have a current Veterinarian? Yes No If yes, please list your current Veterinarian:

Name : _____ Phone: _____

If no, do you need a recommendation? Yes No

Have you had pets in the past?

Dog Cat Spayed/Neutered Yes No Age: _____ Cause of death _____

If not deceased, reason you no longer have this pet? _____

Dog Cat Spayed/Neutered Yes No Age: _____ Cause of death _____

If not deceased, reason you no longer have this pet? _____

My cat needs to be good with: Dogs Other Cats Children Adults

Is there any situation that would cause you to have your cat/kitten declawed? Yes No

If yes, please describe _____

Is there any situation that would cause you to let your cat outdoors? Yes No If yes, please

describe _____

Is there any situation that would cause you to give your cat away? Yes No If yes, explain

Is there anyone that is allergic to cats in your home? Yes No

References, provide two with contact information:

I certify that the above information is correct. I authorize the Beare Garden Plantation Animal Rescue to contact my references. I understand that this form is not a guarantee nor does it constitute an adoption agreement or contract until approved by BGP management or designee.

Signature of Adopter: _____ **Date** _____

Adoption Counselor Signature: _____ **Date** _____

Approved Yes No Pending

Name of Supervisor Approving Adoption: _____

Staff Use Only: Adoption Counselor Notes:

ADOPTION CONTRACT (CONTINGENT UPON FINAL APPROVAL)

I UNDERSTAND THAT OWNING A PET IS A HUGE RESPONSIBILITY. BY SIGNING THIS LEGAL CONTRACT, I AGREE TO DO THE FOLLOWING:

I AGREE TO PROVIDE THIS ANIMAL WITH A GOOD HOME, INCLUDING DAILY FOOD and WATER. I AGREE TO TAKE THIS ANIMAL TO A VETERINARIAN IF MEDICAL TREATMENT IS NEEDED. I HAVE APPROVAL FROM MY LANDLORD OR RENTAL MANAGEMENT TO ADOPT THIS ANIMAL.

IF FOR ANY REASON I CANNOT KEEP THIS ANIMAL, I WILL NOTIFY BGP. UNDER NO CIRCUMSTANCES WILL THE ANIMAL BE ABANDONED, TAKEN TO A PUBLIC SHELTER, OR GIVEN AWAY FOR EXPERIMENTATION. I UNDERSTAND THAT MY ADOPTION DONATION IS NOT REFUNDABLE. I GIVE PERMISSION FOR **BGP** TO SEND A REPRESENTATIVE TO MY HOUSE TO CHECK ON THE ANIMAL'S CONDITION AND TREATMENT. IMPROPER CARE OR TREATMENT; IN THE JUDGEMENT OF **BGP**, OF THE ANIMAL OR NONCOMPLIANCE WITH THIS CONTRACT GIVES **BGP** THE RIGHT TO RECLAIM THE ANIMAL. **I AGREE NOT TO HAVE ANY BGP FELINE DECLAWED.** IT IS AGAINST BGP POLICY AND IS CONSIDERED MUTILATION OF A FELINE'S PAWS. WE CAN PROVIDE INFORMATION ON MULTIPLE OPTIONS TO THE ADOPTER TO REDUCE THE RISK OF ANY UNWANTED FELINE SCRATCHING. NOT ADHERING TO THIS POLICY MAY RESULT IN SURRENDERING THE FELINE TO BGP. **I AGREE TO ALWAYS KEEP ANY ADOPTED FELINE HOUSED INDOORS AT ALL TIMES.** IT IS AGAINST BGP POLICY TO ALLOW ANY ADOPTED FELINE TO LIVE OUTDOORS OR BE OUTDOORS FOR BATHROOM BREAKS. NOT ADHERING THIS POLICY MAY RESULT IN SURRENDERING OF THE FELINE TO BGP.

IF YOU ARE ADOPTING A KITTEN:

I UNDERSTAND THAT IT IS RECOMMENDED THAT I REPEAT THE TEST FOR FELINE LEUKEMIA ON MY KITTEN IF IT WAS TESTED BEFORE 12 WEEKS OF AGE.

I UNDERSTAND THAT BGP MAKES NO GUARANTEES REGARDING THE HEALTH, TEMPERAMENT, OR MENTAL DISPOSITION OF ANY ADOPTED ANIMAL.

I UNDERSTAND THAT BGP IS NOT RESPONSIBLE FOR ANY DAMAGES CAUSED BY THE ADOPTED ANIMAL.

LIQUIDATED DAMAGES: ADOPTER AGREES TO PAY **BGP** THE SUM OF \$200.00 AS LIQUIDATED DAMAGES IN THE EVENT THE TERMS OF THIS CONTRACT ARE BREACHED. THIS LIQUIDATED DAMAGE VALUE IS AGREED TO FOR THE PURPOSE OF ESTABLISHING VALUE OF THE ANIMAL, AND DOES NOT BAR **BGP** FROM SEEKING RETURN OF THE ANIMAL BY A JUDICIAL PROCESS OR OTHER LEGAL MEANS. ADOPTER AGREES TO PAY REASONABLE ATTORNEY FEES AND COURT COSTS IN THE EVENT THIS MATTER IS FORWARDED TO AN ATTORNEY FOR ENFORCEMENT.

I UNDERSTAND AND AGREE THAT ANY BREACH OF THIS CONTRACT CONSTITUTES GROUNDS FOR **BGP**AR TO RESCIND THIS CONTRACT, IN WHICH CASE GUARDIANSHIP OF THE ANIMAL WILL REVERT TO **BGP**AR.

BGPAR AGREES TO TRANSFER GUARDIANSHIP OF THE ANIMAL TO THE ADOPTER, SUBJECT TO THE TERMS AND CONDITIONS LISTED ABOVE. THE ADOPTER, BY SIGNING BELOW, UNDERSTANDS, AGREES TO, AND RECEIVED A COPY OF THIS ADOPTION CONTRACT.

Time of Adoption _____

Signature _____ **Date** _____

Adoption Coordinator's Signature: _____ **Date:** _____

******* EMAIL A COPY OF THE CONTRACT TO THE ADOPTER**

Revised 5/31/23