

Hands for Paws Adoption Procedure

Adoption Fee: \$85

Adoption fee includes spay or neuter, current (age appropriate) vaccinations, FIV/FelV testing, worm treatment, flea treatment

Contact Information:

Hands For Paws, Inc.

PO Box 1055.

Cornelia GA 30531

Phone: 706 391 1234 (Donna)

706 716 1748 (Patrice)

706 599 1060 (Teresa)

Email: handsforpawsga@gmail.com

Adoption process:

Complete adoption application

Complete two adoption contracts (adopter retains one copy)

Pay adoption fee

We are not able to hold animals without the adoption process being completed which includes the payment of the adoption fee. Adoptions are done on a first come, first served basis. Online applications are accepted and payment may be made via paypal.

Information on the adoption application is verified by Hands for Paws. Once the adoption process is complete, arrangements will be made to have the cat altered. Cats may not go home until they have been altered.

After the Adoption:

Hands for Paws recommends that you take your newly adopted kitty to the vet within a week. Your new kitty may have health issues that we missed or may need vaccine boosters. Some kittens may be too young for a rabies vaccine at adoption and will need one when older. Talk to your vet about the feline leukemia vaccine and monthly flea treatments. (HFP uses a basic FVRCP vaccine; we do NOT use a feline leukemia vaccine.)

If you have questions, please get in touch with one of the persons listed above or email handsforpawsga@gmail.com

Adoption Application *** Hands For Paws, Inc.

Cats and kittens - \$85 adoption fee covers spay/neuter, rabies vaccine (if age appropriate) and FVRCP vaccine.

In order to be considered for adoption you must:

- Be 18 years of age
- Return the animal to HFP if for any reason you are unable to continue to care for the animal
- Understand that HFP has the right to approve or decline adoption applications at their discretion
- Agree to never declaw this animal

Pet Name _____

Applicant Name (s) _____

Email _____

Address _____

City/State/Zip _____

Phone Home _____ Cell _____

Adults in household _____ Children in Household _____

Children's Ages _____

Are all members of the household aware of your plans to adopt? YES NO

Do you currently: RENT OWN

If renting does your landlord allow pets? YES NO

Landlord name & phone _____

About the Pet:

Do you want this pet for: (circle all that apply)

COMPANIONSHIP GIFT OTHER _____

How many hours a day will you and other family members spend with the animal?

Where will your pet be kept during the day? (circle all that apply)

INDOORS OUTDOORS DOG PEN CRATE GARAGE BASEMENT

What will you do with the pet if you move in the future?

Do you realize that a cat may live 15 years or more? YES NO

It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. How do you plan to help your new pet adjust?

What type(s) of pets do you own now or have owned in the past 5 years?

| Name | Type/ Breed | Age | Sex | Spayed/ Neutered | Declawed | Still Own? | If no, why? |
|------|-------------|-----|-----|---------------------|----------|------------|-------------|
| | | | | YES NO | YES NO | YES NO | |
| | | | | YES NO | YES NO | YES NO | |
| | | | | YES NO | YES NO | YES NO | |
| | | | | YES NO | YES NO | YES NO | |
| | | | | YES NO | YES NO | YES NO | |

Who was your veterinarian for the above animals?

Name: _____

Phone: _____

Are your existing pets current on Rabies Vaccinations?

Would you object to our verifying the above information?

Are you prepared to care for this pet for the rest of his/her life?

Do you agree to have the pet examined by a veterinarian within 5 days?

Do you agree to provide humane care, proper food, water and shelter?

Do you agree to provide the pet immediate treatment if injured or ill?

Routine veterinary care can cost up to \$300 annually and emergencies can cost over \$1,000. Are you willing to provide this level of care?

By signing this contract below, I certify that: The information I have given is accurate and true.

I authorize my veterinarian/landlord to release information requested by HFP.

I agree to bring the pet back to HFP in the event I can no longer care for the animal.

I agree to never declaw the pet.

Signature: _____

Date: _____

HFP Representative Signature: _____

Please contact Donna Voll 706-391-1234 or email handsforpawsga@gmail.com
With any questions.