

PO BOX 211 GLADESVILLE NSW 2111 Ph: (02) 9817 4892 . 0409 741 414 or 0407 456 683 .  
 Email: [admin@wlpa.org](mailto:admin@wlpa.org) . [www.wlpa.org](http://www.wlpa.org) . WLPA is 'no-kill'

# Cat and Kitten Adoption Agreement

**'AN ANIMAL IS FOR LIFE' – do not lose nor let down your pet**

## ADOPTER DETAILS:

I \_\_\_\_\_ of \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Email) \_\_\_\_\_

**I accept responsibility for \_\_\_\_\_** understanding that cats live to between 15-20 years or sometimes longer. I understand the long-term responsibility of cat ownership and **agree to make a lifelong commitment to him/her. I also agree to the mandatory home visit aimed to help me secure my cat in the home/property \_\_\_\_\_** (please sign)

**CAT WLPA NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**BREED:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **COLOURS** \_\_\_\_\_

**MICROCHIP NO:**

## THE ADOPTION HEALTH CARE PLAN YOU HAVE PAID FOR:

You are adopting a pet who comes with a mandatory health care plan so that he or she gets the best possible start in life. They are all-important vet-check, deflea/worming, microchip, 2 vaccines and desexing. Adult cats also must complete a health care plan with WLPA so they are afforded the best possible outcomes when being rehomed. **You are donating the health care plan for the pet you are adopting (\$300 kitten or special breed adult or \$200 for most adult cats):**

**THE ONLY WLPA-AUTHORISED VET TREATMENT COVERED BY ADOPTION PLAN \$ \_\_\_\_\_**

\*If a kitten

Deworm/DeFlea  Microchip  1<sup>st</sup> Vaccination  \* 2<sup>nd</sup> Vaccination  Desexing

\*WLPA is **not responsible** for the cost of the 3<sup>rd</sup> kitten vaccination, or for any subsequent vet treatments apart from the above. Please phone the Coordinator (9817 4892 or 0409 741414) to schedule vaccinations and desexing and to obtain an Authority To Treat number to give the vet.

**NEXT VACCINATION DATES:** \_\_\_\_\_ **DATE FOR DESEXING:** \_\_\_\_\_ **NEXT WORMER** \_\_\_\_\_

Feel free to change the name of your pet kitten. We advise that adult cats retain their name.

Office use only

**Paperwork given:**

Yes  No

**Our mobile vet reserves the right to charge a \$30 or more pick-up and drop off fee for battling traffic. It is charged to the adoptive parent when the pet has health care at the home or when picked up to be transported to the clinic.**

Office use only

**Receipt number:**

- Cats can die from fleas which can cause anaemia in a short space of time.
- Cats get sick and underweight with intestinal parasites ('worms') and can die.
- Cats may get bad breath and need their teeth examined annually.
- Cats and especially kittens easily get diarrhoea eg from sudden food changes.

It is **your responsibility** to worm your cat after 6 months old, at least quarterly for life

It is **your responsibility** to deflea your cat if s/he ever goes outside monthly (OR if an indoor cat then three-monthly) using a preventative product such as:

- Advocate (does fleas and worms in one application to the back of the neck)
- Revolution (does fleas and worms in one application to the back of the neck)
- Frontline (does only fleas) applied at the back of the neck
- Advantage (does only fleas) applied at the back of the neck

## **WHAT ABOUT A VET IN AN EMERGENCY?**

**Responsible pet owners RESPOND in a health emergency in a timely way. You must phone a mobile vet or transport your pet to a vet. The following are some signs of an emergency:**

<b>KITTEN (UP TO 6 MONTHS)</b>	<b>CAT</b>	<b>OLDER CAT (7 and up)</b>
Vomiting + diarrhea same day Diarrhea that does not resolve with worming after 2 days Not eating Rapid breathing Lethargy Pale tongue, gums, nose Flea infestation Injury from falls/other causes	Not eating for 2 days Lethargy Pale tongue, gums, nose Flea infestation Injury from fall/cars/bites Dog or fox or cat attack	Vomiting other than hairball Urine that is clear or pink Drinking excessive water Not eating for 2 days Lethargy Pale tongue, gums, nose Flea infestation Injury from fall/cars/bites Dog or fox or cat attack

**MOBILE VET: DR DONNA SCHOFIELD 0414 372 281. TEXT IF YOU CAN'T GET THROUGH ALWAYS SEEK ADVICE FROM A VET AS TO WHAT CONSTITUTES AN EMERGENCY IN YOUR PET'S INDIVIDUAL SITUATION, AGE AND HEALTH HISTORY.**

**IN OUR EXPERIENCE IT IS BEST TO AVOID USING SASH DUE TO COST. SIMILARLY IN OUR EXPERIENCE IT IS BEST TO AVOID USING SYDNEY UNIVERSITY AFTER HOURS: YOU MAY BE ASKED FOR BETWEEN \$250 TO \$1000 IN CASH UP FRONT**

## **IT IS YOUR RESPONSIBILITY, TO TAKE YOUR PET TO YOUR VET AS SOON AS POSSIBLE.**

**I am 18 years of age or older and have read, understood the above. I agree to the above responsibilities and to the terms below:**

1. I agree to adopt the pet described above in his/her current condition, health and behaviour. I realise that any change in environment will stress the animal and agree to contain the cat/kitten in a small room or holding cage to reduce stress and enable the animal to start bonding with us and the new environment. (NB: OVERHANDLING & ROUGH PLAY CAUSES STRESS WHICH MAY IN TURN CAUSE FLU, INJURY AND/OR DIARRHOEA. KEEP NEW PET AWAY FROM OTHER PETS FOR AT LEAST 2 WEEKS FOR VACCINATION TO BE EFFECTIVE).
2. I agree to liaise with **WLPA (Ph: 9817 4892 or email [admin@wlpa.org](mailto:admin@wlpa.org) or mob 0409 741414)** to arrange for the kitten/cat to be desexed at approx 5-6 months by the WLPA-nominated veterinary clinic. When authorised and booked by WLPA a check will be made to see if any

other vet procedures are outstanding (eg 2<sup>nd</sup> vaccination). The desexing and services in the text box above are included within the adoption fee and care of pre-existing conditions.

3. I agree to provide a) bedding for my pet, b) access to food and water at all times, c) to monitor my pet for and treat for fleas, d) to de-worm my pet at least 3 monthly or as advised and care for my pet so he or she may become a member of our family.
4. If the pet is injured or sick I undertake to seek Veterinary help promptly **and I agree to pay the costs of such veterinary care.**
5. I agree to house **cats and kittens indoors in an escape-proof area for at least 3 months.** Kittens should not be let outside the home before 12 months of age and only where they are 100% safe from the street, traffic, dogs and safe from falls and only after being desexed.
6. If allowed outdoors, cats need to be called inside before **sunset and kept in overnight** for their safety (cars/foxes) and health (from street cats) and for the protection of nocturnal wildlife.
7. The information I have provided to the WLPA as to the property on which the pet is to be housed and my ability to maintain the pet in proper health is true and not misleading in any way.
8. If I feel the pet is unsuitable for any reason, I will contact the WLPA within 2 weeks and arrange a mutually convenient time to transport the animal to a WLPA carer.
9. If, for a valid reason, I negotiate with WLPA to return the pet to WLPA within 2 weeks, WLPA will reimburse the adoption fee less \$50 administration unless another WLPA cat is chosen.
10. **If my circumstances change and I can't keep my cat or find a loving alternative home, I agree not to surrender my pet to a council pound or other shelter, charity or vet, nor to the RSPCA. I will instead discuss re-homing my cat with WLPA. I understand that WLPA is 'No Kill' and WLPA will, with reasonable notice, accept my surrendered pet for rehoming. A surrender fee of \$200 will be charged to cover a contribution toward the care of the animal for up to one year (cat care costs approx \$600 per year).**
11. I indemnify the World League for Protection of Animals Inc, its office holders, employees and volunteers for any liability, costs or expenses which arise as a result of my actions or omissions (including negligence) or the pet's condition, health or behaviour and I acknowledge that the World League for Protection of Animals (WLPA) is not liable or responsible for the pet after the date of this adoption.

Adoption Health Plan \$

Cash  Chq  Credit Card  PayPal  Dir Dep

\_\_\_\_\_  
(Adopter Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(WLPA Signature)

\_\_\_\_\_  
(Date)