



# Recalled by Love Foundation, Inc.

A second chance at life

## Adoption Application

Please fill out and send to [recalledbylove@outlook.com](mailto:recalledbylove@outlook.com)

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Pet Information

Name of pet you're interested in: \_\_\_\_\_ Age Desired: \_\_\_\_\_ Sex Desired: \_\_\_\_\_

Are you looking for a cat, kitten, or either? \_\_\_\_\_

Why do you want to bring a new pet into your home? \_\_\_\_\_

What particular qualities are you looking for in a cat/kitten? \_\_\_\_\_

What will the cat's living situation be like?

- Cat will be a house pet and live indoors with people
- Cat will live indoors/outdoors
- Cat will live (primarily) in house, but will have access to outdoors
- Cat will live (primarily) outdoors
- Other, please explain: \_\_\_\_\_

When will you be ready to take the cat? \_\_\_\_\_

Can we call you in the future for reports on the cat(s)/kitten(s) or visit your home? \_\_\_\_\_

Do you agree to return the adoptee to the Recalled by Love Foundation, Inc. if, for any reason, the adoption does not work out? YES  NO

If no, explain: \_\_\_\_\_



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## Household Information

What type of housing will the pet live in?

- Apartment
- Co-op/Condo
- House

Do you own or rent?

- Rent
- Own

Landlord's name and number (if applicable):

\_\_\_\_\_

Adults in Household: \_\_\_\_\_

Children & Ages: \_\_\_\_\_

Does anyone in household have allergies to cats? YES  NO

Degree: \_\_\_\_\_

Does anyone smoke? YES  NO

Degree: \_\_\_\_\_

The noise/activity level in your home is:

- Low
- Moderate
- High

Are you planning to change residence in the near future?

YES  NO

If you were to move, what would you do with your pet?

\_\_\_\_\_

Number of pets already in household? (Please list type and age)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are your pets up to date on vaccines? YES  NO

Do any of your household pets have Feline Leukemia or FIV? YES  NO



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## Adoption Contract

Adopter's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

The Recalled by Love Foundation, Inc. is an all-volunteer, nonprofit charity. We request a donation of \$100 for each adoption. Our veterinary expenses far exceed our requested donation. Thank you for your generosity and for giving an animal in need a forever home.

Amount of Donation: \_\_\_\_\_

I, \_\_\_\_\_, adopt this animal and release the Recalled by Love Foundation, Inc. (RBLF) and its individuals from all claims for personal injury and/or property damage to myself and others associated with this adoption. The welfare of this animal will be my sole responsibility. I AM NOT ADOPTING FOR ANOTHER PERSON. This animal will not be used for breeding, medical or experimental purposes. I understand that in the event I give false information or do not follow the terms of the contract, the Recalled by Love Foundation, Inc. may reclaim this animal and start legal proceedings against me at my expense.

- If not already provided, I will spay/neuter this animal immediately. If a kitten, I will comply when the animal reaches the required age (between 5 and 6 months) and will notify RBLF by phone or in writing. This can be done at [RecalledByLove.org](http://RecalledByLove.org).
- If not already provided, I will take my animal to a veterinarian at my own expense for necessary inoculations and examination (see below for inoculations/tests already provided). RBLF will be responsible for all medical costs associated with a preexisting condition. However, unless it is an emergency, RBLF reserves the right to use their own veterinarians or surgeons if a medical condition warrants it. If such a problem arises, I will notify RBLF immediately. Furthermore, if it is in the best interest of the animal, RBLF may reclaim the animal.
- I agree NEVER to declaw any cat I adopt from RBLF and will consult RBLF for alternatives, if necessary.
- I accept this animal as a family member and will immediately contact the microchip registry to update contact information and will make any necessary future updates in a timely fashion.
- If the animal becomes lost, I will contact RBLF immediately. I will search the area, post notices, visit all area shelters, and do everything humanely possible to find it.
- In the event I can no longer keep this animal, I must call RBLF immediately to arrange for its re-adoption or its return to a foster home. I will not abandon the animal, give it to another person, or give it to any shelter.
- RBLF will contact me for further verification of my animal's welfare. I will cooperate by providing whatever information is requested and I will permit RBLF to visit my home if so requested.
- I do not hold RBLF responsible for any errors in information provided me.

**I have read and agree to the Terms and Conditions**

Adopter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Pet Information

Animal's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Color/Makings: \_\_\_\_\_

Neutered/Spayed? \_\_\_\_\_ History: \_\_\_\_\_

## Medical History

Received rabies vaccine?

YES

NO

Received FVRCP vaccine?

YES

NO

Received FELV Test?

YES

NO

Other Test: \_\_\_\_\_

Veterinarian Used: \_\_\_\_\_

Recommended Diet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Director's Signature

Elizabeth Salvatore  
Director of Recalled by Love Foundation, Inc.

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_