



**UMBRELLA OF HOPE
ANIMAL RESCUE
FELINE
COMMUNITY ASSIST CONTRACT**

“BE OUR PET”

4080 Railroad Avenue, Suite C
Pittsburg, CA 94565
Tel # (925) 567-3997
beourpet@gmail.com
www.beourpet.org
www.facebook.com/umbrellaofhope

Thank you for being a good Samaritan!

We will help you get your cats and kittens ready for adoption. We require that you come to EVERY appointment with ALL the kittens, NO EXCEPTIONS or WE WILL DROP YOU AND YOU ARE ON YOUR OWN and liable for any veterinary costs.

We are able to help a limited amount of people hence we need people to follow through.

Please fill out one contract for each litter of kittens you have found

Community Guardian’s Name: _____ Driver’s License Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone _____ Evening Phone: _____

Email Address: _____

"We are checking in _____(number) kittens. You must allow us to fix ALL of the kittens. You may NOT give any kitten away for any reason before it is altered or the contract is void and you are on your own. We can fix them at age 8 weeks and/or 2.5lbs. They will get flea/worm medicine and a vaccine. You must bring us an adult female cat (preferably the mother of the kittens) for us to fix for FREE. Yes, even if she has milk or is in heat/pregnant again. We are trying to take one more cat out of the breeding cycle. _____ (Initial)

I, _____ (your name) agree that all kittens will remain in my possession until they are altered. I understand that there are NO EXCEPTIONS to this rule and that I will be responsible for paying full price for all animals and any care they receive at Well Pet Vet Clinic if I do not follow the terms of this contract.

We appreciate but do not require a \$25 donation per kitten when they get their homes to help with a small portion of the bills.


You agree to the following conditions:

- I understand that it is MY responsibility to keep these animals as long as it takes to find them a home and I will never surrender them to a shelter. I am committing to provide a life saving foster home until an adoptive home is found.
- ONLY A MEMBER OF THE UMBRELLA OF HOPE RESCUE ANIMAL DEPARTMENT CAN AUTHORIZATION VET CARE PRIOR TO ANY APPOINTMENT OR PROCEDURE. Payment for vet care without authorization will be the financial responsibility of the foster.
- I will not hold Umbrella of Hope Rescue, its board of directors, its officers, its volunteers, or any affiliates responsible for any damage incurred to my home by this animal(s), nor for any disease that my personal pets may contract from this animal(s), or physical injuries incurred by me or to my personal pets. Any determination made about this animal or this animal’s care, must be authorized by Umbrella of Hope Rescue.
- I understand that this is a legally binding contract and I agree to abide by the above policies and procedures.

***If Umbrella of Hope Rescue Alliance, its board of directors, its officers, its volunteers, or any affiliates is forced to retain an attorney in enforcing this contract, recipient agrees to pay Umbrella of Hope Rescue Alliance reasonable attorney’s fees and costs incurred in same.

Print Name: _____ Signature: _____ Date: _____

*We can save the life of one more animal with each person able to open their home and heart.
We can't thank you enough for giving each animal you take care of a chance for a new loving home.*

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Community Guardian’s Name: _____

Email Address: _____

Animal Information

ATTACH ANOTHER PAGE WITH ANIMAL INFO IF THERE ARE ADDITIONAL KITTENS

Cat 1: (Mother/Adult Female)
Estimated Age: _____
Sex: Female/Male/Unknown
Estimated Weight: _____
Color: _____

Cat 4: (kitten)
Estimated Age: _____
Sex: Female/Male/Unknown
Estimated Weight: _____
Color: _____

Cat 2: (kitten)
Estimated Age: _____
Sex: Female/Male/Unknown
Estimated Weight: _____
Color: _____

Cat 5: (kitten)
Estimated Age: _____
Sex: Female/Male/Unknown
Estimated Weight: _____
Color: _____

Cat 3: (kitten)
Estimated Age: _____
Sex: Female/Male/Unknown
Estimated Weight: _____
Color: _____

Cat 6: (kitten)
Estimated Age: _____
Sex: Female/Male/Unknown
Estimated Weight: _____
Color: _____

PLEASE DO NOT WRITE BELOW THIS LINE - FOR STAFF USE ONLY

	DEWORMER #1	FVRCP #1	DEWORMER #2	FVRCP #2	FLEA TX
CAT 1					
CAT 2					
CAT 3					
CAT 4					
CAT 5					
CAT 6					
SPAY/NEUTER DATE:					