

## THE CAT SHACK CC

## **PUPPY - ADOPTION FORM**

Owner's Name_				
Address:				
Cell Number:				
			Birth:	
Colour		Туре:	Gender_	
that apply to thi when I have ens off adoption fee second & third v against infection	s adoption. I am aware ured all the terms and of R850-00 includes traccination will be for as and no refunds will the puppy will be/wa	e that the pu I conditions h he first vaccii my account. be given in th	am aware of the terms and oppy will only legally become ave been met. I am aware nation, deworming and stell understand that there is the case of death or disease ok-up on sterilization, but	ne my property e that the once erilization. The no guarantee e of the puppy.
Signed on the	day o	f	month	year
Agreement sign	ed at: The Cat Shack o	c 27 St Patric	k Road Hurlyvale Edenvale	e 1610.
Full Names		Signature	<u> </u>	
Signature of Add	ption Commissioner_			
Card Taken:	Sterilized:	Cash/EF	Γ: Receipt No	