



OWNERSHIP TRANSFER and MICROCHIP REGISTRATION

1112 19th Ave Council Bluffs, IA 51501
402-577-0213
Info@SolasRescue.org

File Number: _____

ADOPTER'S NAME _____ Animal Name: _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____

EMAIL _____

Email is **REQUIRED** for microchip registration

- While Solas Rescue makes every effort to place only healthy animals, we do not offer any guarantee, either real or implied regarding the health or disposition of the above-described animal. The animal is adopted "as is" and the new owner assumes all responsibility for treatment of any and all existing conditions or any other conditions of physical or temperament changes that may occur.
- Solas Rescue recommends you take your new pet to a veterinarian for a complete physical and to begin an immunization series. Vaccinations should be continued as prescribed by the veterinarian. If your cat has not received a rabies vaccine from us due to age, you should have received a voucher for the rabies vaccine. This is only good at Valley View Vet, and you will need to call for an appointment.
- You agree to license your new pet in accordance with local licensing laws
- Any animal adopted from Solas Rescue is spayed or neutered in accordance with Iowa State Code 162.20
- Adoption costs are non-refundable but if the animal does not work in your household, please contact us right away so we can find the best solution.
- Solas would like to send you occasional emails or text regarding special events. If you do NOT wish to receive these, please check here:

By signing below, I acknowledge that I have read and agree to all the above items.

DATE: _____ **SIGNED:** _____

< 6 Months -\$150 6-12 Months -\$100 > 1 Year - \$50

Special Amount: _____

Digital backup paperwork submitted

Additional Donation: _____

Name of person accepting payment:

Total Donation: _____

Payment Method: _____

ANIMAL INFORMATION

File Number: _____

Animal Name: _____

Type: CAT

Gender: _____

Breed: _____

Approx Age or DOB: _____

Color: _____

Microchip Number: _____

CARE HISTORY

Foster name: _____

Date of Spay/Neuter: _____

Date of negative FIV/Feline Leukemia Test: _____

Dewormer Type(s): _____

Dewormer Date(s): _____

Vaccination Type: _____

Vaccination Dates(s): _____

Date of Rabies Vaccination: _____

Date Rabies Vaccination Expires: _____

Rabies Vaccination Tag #: _____

Rabies vaccination location: _____

Animal was too young for rabies vaccination as time of adoption. Rabies voucher provided

**Voucher only valid for 30 days after date of adoption at Valley View Veterinary Clinic