

 Cherokee Humane Society

 Payment Arrangement – Feline

**Payment START DATE:\_\_\_\_/\_\_\_\_/\_\_\_\_ - Payment END DATE:\_\_\_\_/\_\_\_\_/\_\_\_\_**

|  |  |
| --- | --- |
| **Adoption Counselor** |  |
| Full Name |  |
| Adoption Location |  |
| Phone Number |  |
| **Feline Information** |  |
| Name |  |
| Date Of Birth |  |
| ID# & Shelter |  |
| Breed and Color |  |
| Foster Parent |  |
| **Adopter** |  |
| Full Name |  |
| Address |  |
| City , State & Zip |  |
| Best Contact Number |  |
| Email Address |  |
| Beginning Payment: \_\_\_\_\_\_\_\_\_Date: | Second Payment Amount: \_\_\_\_\_ Date: |
| Third Payment Amount: \_\_\_\_\_\_\_ Date: | Fourth Payment Amount: \_\_\_\_\_\_ Date: |
| Credit Card Number: | Expiration Date: |
| Zip Code Associated with Card | CVV Code on back of Card: |
| Missed Payment Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Card will automatically be ran for above amount on those dates. Please plan to make sure funds are there! |
| Missed Payment Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Repossession? No: Yes: Date:\_\_\_\_\_\_\_\_\_\_\_ |

I agree to adhere to the above payment arrangements. At any point, if I cannot follow through with the arrangement I will contact the adoption counselor above to decide on plan of action, either return the animal or double the next payment due. All Paperwork given must be returned with the cat! If 2 payments are missed I will return the cat to CCHS. CCHS has the right to repossess the cat for failure to pay. I agree to take care of the cat properly! No allowing it to go outside, always feed, water, and exercise appropriately.

Adopters Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoption Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Payment Received, Adoption is Completion Date:\_\_\_\_\_\_\_\_\_\_\_ Witness Intials:\_\_\_\_\_\_\_\_

**Please Have Adopter Take Photo of This Contract for their records!**

 **Photo Taken: \_\_\_Yes No:\_\_\_\_\_\_ AC Initials:\_\_\_\_\_\_**