

ADOPTION CONTRACT **Paid/Date**:\_\_\_\_\_\_\_\_\_\_\_\_

**Adoption Coordinator Hull Seaside Animal Rescue**

**Judy Fahey 487 Nantasket Ave,**

**781-534-4902 Hull, MA 02045**

[**www.hsar.org**](http://www.hsar.org) **781-925-3121**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intake # \_\_\_\_\_\_\_\_\_\_\_\_\_ Name of cat to be adopted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT INFORMATION (must be at least 21 years of age with ID)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Housing: Own \_\_\_\_\_\_\_ Rent \_\_\_\_\_\_\_ House \_\_\_\_\_\_\_\_\_ Apt. \_\_\_\_\_\_\_ Condo \_\_\_\_\_\_\_ (please check)

If you rent, please provide landlord’s name and telephone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time at this address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you object to an inspection of your home? Yes No (please circle one)

Number of people in home: Adults \_\_\_\_\_\_\_\_ Children \_\_\_\_\_\_\_\_ Ages of children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone in your house allergic to animals? Yes No (please circle one)

Time away from home: Home all day \_\_\_\_\_\_\_ Out part-time \_\_\_\_\_\_\_ Out 7-10 hours \_\_\_\_\_\_\_

**PERSONAL REFERENCES** Please list two personal references.

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HISTORY WITH PETS**

Do you own a pet now? Yes No (please circle one and list below)

Have you had pets in the past? Yes No (please circle one and list below)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Animal** | **How Obtained?** | **How long kept?** | **Where is the animal now?** |
|  |  |  |  |
|  |  |  |  |

Name/Phone number of Veterinarian (if you have one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial next to each statement below if you agree.**

\_\_\_\_\_\_\_ I understand that this cat may live 15 + years, and I am prepared to give it the medical and emotional care and support that it needs.

\_\_\_\_\_\_\_ I am financially willing and able to provide for the cat’s needs. This includes food, supplies, and veterinary care. (Typical care can range from $300-$500 a year. Consider creating an emergency medical fund for your cat or purchasing pet insurance.)

\_\_\_\_\_\_\_ I have adequate time to spend with my new cat, including time for interactive play and grooming. I realize that a cat would need a companion if left home alone for 8-10 hours a day.

\_\_\_\_\_\_\_ This cat will be an INDOOR ONLY cat, according to HSAR policy.

\_\_\_\_\_\_\_HSAR may use photos and the story of my cat and me in their newsletter, on their website and on Facebook. (If selected, only your first name would be used.)

\_\_\_\_\_\_\_ I have my landlord’s permission to bring a cat onto his/her property. **I will attach documentation from my landlord to verify this information.**

\_\_\_\_\_\_\_ I understand there will be no refund of the adoption fee or any expenses incurred if I return my cat to HSAR.

\_\_\_\_\_\_\_ If the cat is lost, stolen, or I can no longer care for it, I will notify HSAR immediately.

**\_\_\_\_\_\_\_ I agree to NEVER de-claw this animal.** (Please ask your adoption coordinator for information on this painful and debilitating procedure.)

\_\_\_\_\_\_\_ Since many shelter animals have unknown medical histories, I will have my cat seen by my personal vet within two weeks of adoption. I am prepared to provide and pay for any necessary medical treatment that may occur in the future. I understand that failure to do so is a violation of the adoption agreement.

The staff at HSAR strives to achieve the most successful match for both cat and prospective family. Thus, this application may not result in the adoption of the cat(s) listed above.

I hereby certify that the above information is true. I understand that any falsification discovered during the adoption process may result in nullification of this adoption.

**BY SIGNING BELOW I ACKNOWLEDGE I HAVE READ THIS APPLICATION, ANSWERED ALL QUESTIONS AND FULLY UNDERSTAND THE RESPONSIBILITY OF ADOPTING A CAT.**

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HSAR Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Denied Comments: