



Hull Seaside Animal Rescue (HSAR)
PO Box 787, Hull, MA 02045
Phone - 877-378-1195
www.hsar.org

Adoption Coordinator
Kathleen Larsen
(781) 925-3364

**ADOPTION APPLICATION AND
CONTRACT**

Fees for our pets are on a sliding scale:

- Kitten to 6 months old: \$150.00
- Cats 6 months to 1 year old: \$75.00
- Cats older than 1 year: \$50.00

Hull Seaside Animal Rescue (HSAR) Adoption Contract

Today's Date: _____

Name/Description of Pet being adopted: _____

Pet Intake Number: _____

So that we may be assured that the cat you wish to adopt is the best suited to you, your home and your lifestyle, and is placed in an environment that is compatible with its needs, we ask that you complete this application.

Please place your initials next to each of the statements below if they are correct and you agree with them.

_____ I am financially willing and able to provide for the cat's needs. This includes food, supplies, license and veterinary care.

_____ I have adequate time to spend with my new cat, including time for training, exercise and grooming.

_____ I agree this cat will be an indoor cat per HSAR policy.

_____ I have my landlord's permission to bring a cat onto his/her property. I attach a copy of my lease stating the pet policy or a letter from my landlord granting his/her permission. I agree HSAR may contact my landlord to verify this information. (Your application is NOT COMPLETE without this item attached.)

_____ I understand that this is an adoption, not a sale. HSAR reserves the right to postpone or refuse an adoption at our discretion.

_____ I understand that HSAR may request a home inspection before approving my adoption request.

_____ Unless I am told otherwise, I understand that HSAR has sterilized and brought the animal up to date on its first round of vaccinations. I agree to take this animal to my vet for a check-up within 10 days of adoption and for a 2nd or 3rd round of vaccinations, if HSAR informs me its necessary. During the first checkup,

the animal should be checked for common ailments such as worms, ear mites, fleas, respiratory infection, conjunctivitis and/or heartworm. The animal may have been treated for these ailments prior to adoption, but may still need multiple treatments. If the animal was tested before 6 months of age, your vet may recommend that you repeat the tests, as the results are not 100% accurate before this time. I agree to undertake the cost of the check-up, any necessary follow-up tests/vaccinations and treatments for common ailments such as those described above. In the event that the animal has a serious medical condition that was not previously known to HSAR or the adopter, HSAR will help pay up to \$200 of the initial medical bills or I may choose to return the animal to HSAR.

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

HOUSEHOLD INFORMATION

Name:

Street Address:

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Housing: Own Rent Live w/Parent House Apt

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

Length of time at this address: _____ years/months (Please circle one)

Do you anticipate moving in the next 12 months? _____

What will you do with your cat if you move?

Others living in your household or visiting regularly (include ages of children under 18): _____

Employment status (Employed, Unemployed, Retired, Student, Homemaker, Other):

HISTORY WITH PETS

What kind of pets do you have now and how many?

What pets have you had in the past?

What happened to the pet(s) if you do not still own it/them?

The noise/activity level in my home is usually: High _____ Medium _____ Low _____

Time away from home: (check one)

Home all day Out part-time Away 7-10 hours/day

Do you have a certain type (breed, sex, color, size, age, personality, energy level) of cat in mind? If so, please describe:

Name/Phone of veterinarian (if you have one):

PERSONAL REFERENCES: *Please list two personal references*

Name/Address/Phone:

Name/Address/Phone:

I certify that the info I have given is true. I authorize HSAR to contact veterinarians, landlords and references to verify all statements in this application and to do followup property checks. I understand that false information may void this application.

Signature _____

Date _____

THE UNDERSIGNED agrees to abide by the "Terms of Adoption" listed below:

1. Transfer of Ownership: The above-designated animal may not be transferred to any other person for any reason. If the undersigned adopter is forced to relinquish custody of the pet at any time, said pet will be relinquished only to Hull Seaside Animal Rescue.
2. Refund: THERE WILL BE NO REFUND OR REIMBURSEMENT FOR ANY EXPENSES INCURRED BY THE ADOPTER FOR THE ABOVE DESIGNATED PET, IF IT IS RETURNED TO HULL SEASIDE ANIMAL RESCUE.
3. Health Program: The above-designated pet will be cared for humanely, including adequate food, shelter, water and veterinary care and will be licensed in accordance with the laws of the jurisdiction in which s/he resides. The pet is to be exercised in a fenced yard or on a leash and NOT TO BE FREE TO ROAM.
4. Reason for Adoption: The above-designated animal is to be kept as a house pet; it shall not be used for medical or any other experimental purpose; it shall not be chained or tied, and it shall not be used for breeding.
5. Loss: If the above-designated pet is lost or stolen, the adopter will notify Hull Seaside Animal Rescue within three (3) days.
6. Reservation of Rights: Hull Seaside Animal Rescue reserves the right to enforce this contract in order to protect the welfare of the above-designated pet. It is understood that Hull Seaside Animal Rescue may examine and make inquiry about said pet at any time. If the terms and conditions of the Agreement are not upheld, Hull Seaside Animal Rescue reserves the right to terminate this Agreement and reclaim the animal.
7. IF THE PET IS NOT NEUTERED OR SPAYED, I agree to have animal neutered/spayed by_____. A copy of the neuter/spay certificate will be mailed to HAS, P.O. Box 787, Hull, MA. 02045. Failure to neuter/spay the animal gives HSAR the right to reclaim it.
8. I AUTHORIZE/DO NOT AUTHORIZE (**Circle one**) HSAR to use photos and the story of my pet and I, on their website, in their "Happy Endings" section. I understand that if HSAR does use my story/photos, that only my first name will be used on the website.

Additional Information

I hereby acknowledge receipt from Hull Seaside Animal Rescue of the pet described above. I accept the pet as is and assume all risk and financial responsibilities of ownership. I hereby release Hull Seaside Animal Rescue and/or its representative(s) from any liability associated with any illness of the pet or damage, accident or injury hereafter caused by said pet. I agree that Hull Seaside Animal Rescue and/or its representative(s) will not in any way be held responsible for the conduct or temperament of this pet after its adoption. I understand that some or all of the information provided on the Adoption Agreement regarding said animal may have been received by Hull Seaside Animal Rescue and/or its representative(s) from a third party; I understand that Hull Seaside Animal Rescue and/or its representative(s) does not warrant the accuracy of such information. If at any time I desire to relinquish custody, I agree to contact Hull Seaside Animal Rescue by calling 1-877-378-1195 or by e-mail at seaside8485@aol.com. Hull Seaside Animal Rescue will have 10 days to respond to the surrendering party. If at any time I desire to relinquish custody, or Hull Seaside Animal Rescue demands its release for failure to comply with agreement, I agree to return said animal to Hull Seaside Animal Rescue making no charges of any nature for licensing, care, food or other services or items. I agree to pay any reasonable attorney fees and court expenses if Hull Seaside Animal Rescue must bring legal action against me to enforce this Adoption Agreement. I understand that any sum of money I have given to Hull Seaside Animal Rescue is to be used for its work in caring for this and other animals and is not refundable.

If at any time I desire to relinquish custody, I agree to contact Hull Seaside Animal Rescue by calling 1-877-378-1195 or by e-mail at seaside8485@aol.com. Hull Seaside Animal Rescue will have 10 days to respond to the surrendering party.

I hereby acknowledge that I have read and understand this Adoption Agreement and agree to abide by all of its rules and regulations set forth herein. I pledge that I will keep the animal described herein as a part of my family.

Signed this _____ day of _____, 20_____.

HSAR Representative/Name _____

HSAR Representative/Signature _____

Signature of Adopter _____

FOR STAFF USE ONLY:

Application Processed: _____ Landlord Permission _____

I have reviewed the following pet-related issues with the applicant:

- Pet/pet introductions _____
- No questions asked return policy _____
- Adjustment Period _____
- Immediate vet appointment _____
- Follow-up phone call/letter _____
- Vaccinations _____
- Donation request _____
- License ID if paying by check _____
- Spay/Neuter policy _____
- Pets & Children _____
- Toys _____
- Shelter Behavior vs. Behavior at Home _____

COMMENTS

Adoption facilitator reviewing application/date:

Adoption Finalized: Yes _____ No _____ If no, why not?

