



Cat Adoption Application

HULL SEASIDE ANIMAL RESCUE • 487 NANTASKET AVE, HULL MA 02045

Adoption Coordinator: Carina Fresa 781-534-4902 adoptions@hsar.org

Name of Cat: _____

APPLICANT INFORMATION (Must be 21 years or older with photo ID)

Name(s) _____

Street Address _____ Apartment/Unit # _____

City/Town _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

Email Address _____

Average time away from home _____

Occupation(s) _____

Housing Own
 Rent : House Condo/Apartment *Please inform your landlord we will be calling.*

Landlord's Name & Phone Number: _____

How long have you lived at your current address? _____

Number of people in your home: ____ Adults ____ Children (ages of children: _____)

Is anyone in your home allergic to animals? Yes No

PERSONAL REFERENCES – Please list 2 references (no more than one family member)

Name _____ Phone _____

Name _____ Phone _____

HISTORY WITH PETS

Do you own a pet now? Yes No Have you had pets in the past? Yes No

Please list their information below:

Name	Species/Breed	How Obtained	Years Kept	Where is pet now?

Have you ever surrendered an animal to a shelter? Yes No

If yes, please explain the circumstances: _____

Name of current/previous veterinarian _____

Name of Clinic _____ Phone _____

Please inform your veterinarian we will be calling to check on previous/current pet medical records.

Do you plan to declaw your cat/kitten? Yes No
Where do you plan to keep this cat/kitten? Indoors Outdoors part-time Outdoors full-time
Do you anticipate moving? Yes No
If yes, what will you do with the cat/kitten when you move? _____

If your new cat/kitten begins to claw furniture or rugs, how do you plan to respond?

If your new cat/kitten begins urinating/defecating outside its litter box, how do you plan to respond?

The purpose of the adoption procedure is to find the best home for each cat/kitten. Our hope is they find a loving forever home. Please read and initial the following:

- _____ I understand that many rescue cats come with unknown histories and behaviors, and I am willing to invest the time to work with my cat/kitten. The adjustment period is different for each animal, but I am committed to making it work.
- _____ I understand that while all known health concerns have been disclosed, HSAR cannot guarantee the health or temperament of any animal. I agree to assume full responsibility for any medical or behavioral conditions that arise subsequent to adoption.
- _____ I give permission for HSAR to use photos and the story of my cat in their newsletter, website and/or any social media outlets (if selected we would only use first names)
- _____ The staff at HSAR strives to provide the most successful match for cat/kitten and family. Thus, I understand this application may not result in the adoption of a particular cat/kitten.

I hereby certify that the information provided in my application is true. I understand that any falsification discovered during the adoption process may result in nullification of this and future adoptions.

Applicant's Signature _____ Date _____

HSAR Representative _____ Date _____

FOR HSAR INTERNAL USE:

Date Paid: _____ Amount: _____ Check Card Cash
Application Notes: _____
