



Adoption Application and Contract

Adoption Coordinator:

Judy Fahey
 781-534-4902
jifahey@verizon.net

Name of Cat _____

Date Paid _____

APPLICANT INFORMATION (must be at least 21 years old with ID)

Names _____

Address _____ City _____ ZIP _____

Home phone _____ Cell phone _____

Email Address _____ Time away from home _____

Occupations _____

Housing (please circle) Own _____ Rent _____ Is it a House or Condo/Apartment

If you rent, provide landlord's name and phone number (let landlord know we will be calling)

How long have you lived at your current address? _____

Number of people in the home: Adults _____ Children _____ Ages of children _____

PERSONAL REFERENCES Please list 2 references (one not a family member)

Name _____ Phone _____

Name _____ Phone _____

HISTORY WITH PETS

Do you own a pet now? Yes No (circle one)

Have you had pets in the past? Yes No (circle one)

Type and name of animal	How obtained	How long kept?	Where is animal now?

Who is/was your veterinarian? (Inform them we will be calling to check cat's medical records)

Name of clinic _____ Phone number _____

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

Do you plan to declaw your cat/kitten? (Circle one). Yes No

Do you plan to keep this cat/kitten indoors full-time or part-time? _____

Have you ever surrendered an animal to a shelter? Yes No (please circle one)

If yes, please explain the circumstances? _____

Do you anticipate moving? What will you do with the cat/kitten if/when you move?

If your new cat/kitten begins to claw furniture or rugs, 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 shelter 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 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 your first name)

The staff at HSAR strives to provide the most successful match for cat/kitten and family.

Thus, this application may not result in the adoption of a particular cat/kitten.

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.

Applicant's Signature _____ Date: _____

HSAR Representative _____ Date: _____