**ADOPTION APPLICATION**

**Please e-mail your completed application to** [**info@hartofme.org**](mailto:info@hartofme.org) **or fax to 207-829-6176**

***WELCOME TO THE HOMELESS ANIMAL RESCUE TEAM (HART) ADOPTION CENTER***

We are glad you have come to adopt a new cat/kitten from our shelter. For their health and safety, we adopt our cats and kittens to **INDOOR ONLY HOMES**.

The animals available for adoption came here from a variety of sources. All animals are examined upon entry, and their health is routinely monitored while at the shelter, but there is always a chance that an animal is incubating a disease without showing any clinical signs.

The adoption fee includes: spay/neuter, first series of vaccinations, feline leukemia/FIV testing, worming medications for round, hook and tape worms and any needed medication, and a seven-day health guarantee.

IN ORDER TO BE CONSIDERED AS AN ADOPTER, YOU MUST:

* Be 18 years of age or older
* Have identification showing your present address
* Have the knowledge and consent of your landlord
* Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a pet

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  | |
| **Name** |  | **Co-Adopter Name** |  |
| **Occupation** |  | **Co-Adopter Occupation** |  |
| **Residence Address** |  | | |
| **Mailing Address, *if different*** |  | | |
| **Home phone** |  | **Cell phone** |  |
| **E-mail address** |  | | May we add you to our e-mail list? □ Yes □ No |

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE. UPON COMPLETION, IT WILL BE REVIEWED BY OUR ADOPTION TEAM. The following information is requested so that our adoption team can assist you in the selection of a new pet. The animal’s welfare is our foremost consideration. The consultation process is designed to help us determine if the adoption is in the animal’s best interest, and to assist you in finding an animal most compatible with your lifestyle.

1. Are you here to adopt a: □ Cat or □ Kitten?

# 2. HART adopts to indoor only homes. Will this cat be allowed outdoors? □ Yes □ No

|  |  |
| --- | --- |
| If yes, under what circumstances? |  |

# 3. Do you have any preferences as to breed type, sex, age, size, length of hair, etc.?

|  |  |  |
| --- | --- | --- |
| □Yes □No | If yes, what are your preferences? |  |

# 4. Is this your first experience with a pet? □ Yes □ No

5. Please list pets that you currently have (or recently had) in your household:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Type  Dog/Cat | Spayed  Neutered  Yes/No | Kept Where?  In/Out | Age | Date of Last  Vaccinations |
| Name: |  |  |  |  |  |  |
| Name: |  |  |  |  |  |  |
| Name: |  |  |  |  |  |  |
| Name: |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6. | Who is/was your veterinarian? |  | Phone: |  |

7. Do you □ Own □ Rent □ Live with parents

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 8. | If you rent, what is your landlord’s name? |  | | Phone: |  | |
| 9. | How many people live in your household? |  | | If there are children, what age(s)? | |  |
| 10. | Who will be responsible for the care of this pet? | |  | | | |
| 11. | Where will this pet be kept (during the day and when you are not home)? | |  | | | |
| 12. | How many hours will this pet spend without human companionship? | |  | | | |
| 13. | How did you hear about our adoption services? | |  | | | |

**Please read the following statements and sign the application as agreement that you understand their validity as well as the answers above.**

* HART reserves the right to deny the adoption of any cat for any reason.
* The Adoption Fee is non-refundable.
* The information you provide us will be verified before you are approved for adoption.
* By signing below, you authorize HART to contact your veterinarian so that they may reveal to us all medical records on your animal(s).
* HART reserves the right to make pre-adoption and follow-up home visits.
* No animal will be adopted to persons having a history of losing, giving away, or selling animals.
* Any falsification or omission of any of the above information will result in automatic refusal of adoption or confiscation of the adopted animal.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

***FOR OFFICE USE ONLY:***

***VET REFERENCE:***

1) Do all current pets go to the vet for annual visits: □ Yes □ No

Additional Information:

2) Are all pets current on their vaccinations: □ Yes □ No

Have all current pets been vaccinated on an annual basis: □ Yes □ No

If no current pets, were previous pets vaccinated on annual basis: □ Yes □ No

Additional Information:

3) Have all cats in household been tested for FelV/FIV: □ Yes □ No

4) Have all current pets been spayed/neutered: □ Yes □ No

5) In general, are all medical issues addressed on a timely basis: □ Yes □ No

6) Does their vet consider them a responsible pet owner: □ Yes □ No

7) Additional Information:

***LANDLORD REFERENCE:***

1) Does the lease allow for the adoption of a cat (s): □ Yes □ No

2) Additional Information:

**Signature of HART Adoption Counselor:** \_\_\_\_\_\_

REVISED 09/30/2019