



Homeless Animal Rescue Team  
Adoption Center and Shelter for Cats

## ADOPTION APPLICATION

Please fax completed application to 772-6177  
Or e-mail to [info@hartofme.com](mailto:info@hartofme.com)

WELCOME TO THE HOMELESS ANIMAL RESCUE TEAM ADOPTION CENTER.

We are glad you have come to adopt a new pet from our shelter. We adopt our cats and kittens to **INDOOR ONLY HOMES** for their health and safety. The following information is requested so that your adoption counselors 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.

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 Homeless Animal Rescue Team (H.A.R.T.) is not responsible for any medical needs after the animal has been adopted.

Our Adoption Fee of \$75 includes: spay/neuter, first series of vaccinations, leukemia/feline aids testing, fecal exam for parasites 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: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

H.A.R.T. reserves the right to refuse adoption to anyone. No animal will be adopted to persons having a history of losing, giving away, selling, or having animals injured or killed by moving vehicles. No animals will be adopted to prospective owners who mislead or fail to provide accurate information on the adoption application.

**Homeless Animal Rescue Team of Maine**

302 Range Rd., PO Box 351, Cumberland, ME 04021  
207-829-4116

[www.hartofme.com](http://www.hartofme.com)  
[info@hartofme.com](mailto:info@hartofme.com)



PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE. UPON COMPLETION, IT WILL BE REVIEWED BY OUR ADOPTION COUNSELORS.

- 1. What kind of pet are you here to adopt? \_\_\_\_\_ Cat \_\_\_\_\_ Kitten
- 2. Do you have any preferences as to breed type, sex, age, size, length of hair, etc.  
\_\_\_\_\_ Yes \_\_\_\_\_ No; If yes, what are your preferences?  
\_\_\_\_\_  
\_\_\_\_\_

3. Is this your first experience with a pet? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. What pets do you currently have in your household?

|             | <u>Type</u> | <u>Spay/Neutered</u> | <u>Kept Where?</u> | <u>Age</u> |
|-------------|-------------|----------------------|--------------------|------------|
|             | Dog/Cat     | Yes/No               | In/Out             |            |
| Name: _____ | _____       | _____                | _____              | _____      |
| Name: _____ | _____       | _____                | _____              | _____      |
| Name: _____ | _____       | _____                | _____              | _____      |

5. Are the above pets current on all vaccinations?

|             |                                  |
|-------------|----------------------------------|
| Name: _____ | Date of last vaccinations: _____ |
| Name: _____ | Date of last vaccinations: _____ |
| Name: _____ | Date of last vaccinations: _____ |

6. List pets owned in past five years other than those listed above.

| <u>Type</u> | <u>Spay/Neutered</u> | <u>Kept Where?</u> | <u>Time</u> | <u>What happened to pet?</u> |
|-------------|----------------------|--------------------|-------------|------------------------------|
| Dog/Cat     | Yes/No               | In/Out             | Owned       |                              |
| _____       | _____                | _____              | _____       | _____                        |
| _____       | _____                | _____              | _____       | _____                        |
| _____       | _____                | _____              | _____       | _____                        |

7. If you own a dog...what type of dog is it? \_\_\_\_\_

Please give a brief description of your dog: \_\_\_\_\_

8. Who is/was your veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_

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- 9. Do you want the cat for a (check all that apply)  
 House Pet  Mouser  Companion  Gift  Company for other pet  
 Other: \_\_\_\_\_
- 10. Will this cat be allowed outdoors?  Yes  No  
 If yes, under what circumstances? \_\_\_\_\_
- 11. Do you plan on having this cat declawed?  Yes  No
- 12. What will you do if your cat claws furniture or shows other destructive behavior?  
 \_\_\_\_\_
- 13. Do you currently live in a  House  Apartment  Condo  Mobile Home  Duplex
- 14. Do you  own  rent  live with parents
- 15. If you rent, does your lease allow pets?  Yes  No
- 16. If you rent, what is your landlord's name? \_\_\_\_\_ Phone: \_\_\_\_\_
- 17. How long have you lived at the above address? \_\_\_\_\_
- 18. How many people live in your household? \_\_\_\_\_  
 Do all adults know that you plan to adopt?  Yes  No  
 If there are any children in the household, what are their ages? \_\_\_\_\_
- 19. Do you or anyone living in your household have known allergies to animals?  
 Yes  No If yes, who has allergies? \_\_\_\_\_
- 20. Who will be responsible for the care of this pet? \_\_\_\_\_
- 21. Where will this pet be kept during the day? \_\_\_\_\_
- 22. How many hours will pet spend alone without human companionship? \_\_\_\_\_
- 23. Where will the pet be kept when it is alone? \_\_\_\_\_
- 24. How did you hear about our adoption services? \_\_\_\_\_

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

- Any falsification or omission of any of the above information will result in automatic refusal of adoption or confiscation of the adopted animal.
- H.A.R.T. has the right to deny the adoption of any cat for any reason.
- The Adoption Fee of \$75 is non-refundable.
- The information you provide us will be verified before you are approved for adoption.
- By signing below you authorize H.A.R.T. to contact your veterinarian so that they may reveal to us all medical records on your animal(s).
- H.A.R.T reserves the right to make pre-adoption and follow-up home visits.

Signed: \_\_\_\_\_ 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 FeIV/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 Adoption Coordinator

\_\_\_\_\_  
Date

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