

Wallingford Animal Shelter
5 Pent Rd, Wallingford, CT 06492
 Phone: (203) 294-2180 Fax: (203) 294-2181

Each adoption application is reviewed for suitability prior to placement. Submitting an application does not guarantee you will receive a rescued animal. We reserve the right to deny anyone the adoption of an animal without explanation. All placements are at the discretion of the Animal Control Officer. Applicants must be 18 years of age or older. Any application that is incomplete or contains false information will not be considered. If your application is selected, you must sign an agreement that releases the Town of Wallingford of all liability.

PLEASE NOTE: Please allow 3-5 business days for us to process your application. If your application has not been approved you may not receive a response, as we do not have the time to respond to everyone who applies to adopt our animals.

DOG ADOPTION APPLICATION

Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Date: _____

ANIMAL YOU ARE APPLYING FOR: _____

Please provide two references:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

1. What kind of residence do you live in?

Apartment Condo Multi-family home Single family home Other (Explain):

2. Do you currently: Rent Own Live at home with Parent/Guardian

(If you do not own your home, please provide the name and phone number of your landlord: Name: _____ Phone: _____)

(If you rent: Do you have a copy of a lease agreement/bylaws stating animals are allowed? Y / N)

3. Are you currently employed? Y / N Place of Employment: _____

Please provide the name and phone number of your veterinarian. If you have more than one vet, please specify the names of the animals that go to each. If you have switched vets recently, please list both and indicate how long you have used your current vet.

Name of Vet: _____ Phone: _____

4. How many people live in your home? State their age and their relationship to you.

5. Will all family members come to meet the pet, prior to the adoption? _____

6. Do you have children? If so, how many and please give details as to ages, activity levels, pet experience, etc.

7. Does anyone in your household have allergies to animals? Y / N

8. What is the activity level in your home?

- A) Busy - visits from friends, meetings, children, parties at home
- B) Noisy - television, stereo, machinery, tools, kids playing
- C) Moderate - normal comings and goings
- D) Quiet - homebodies, few guests, no children

9. Who would have primary caregiver for this animal? _____

10. Please explain describe your work schedule: _____

11. Under what circumstances might you decide NOT to keep a pet? Please circle all that apply:

Illness	Moving	New Baby	New Job	Divorce	Shedding	Allergies
	Pet Too Old		Pet Health Problems		Pet Behavioral Problems	

Pets Not Getting Along Dog Bites Another Dog/Human Other: _____

12. Have you ever been in a situation where you were not able to keep a pet? Did you have to give the animal up for adoption? What did you do with the pet?

13. Does anyone in your household smoke? Y / N

PET HISTORY:

14. Please list current pets (if applicable). Name, breed, age, sex, and whether or not they are spayed/neutered. If pet is not spayed/neutered, please explain why:

15. Please list previous pets (name, breed, age, sex, spayed/neutered), and what happened to them. If your pet is deceased, please indicate why and approximate year pet passed away.

16. Are your animals currently up to date on their vaccinations? Y / N

17. Are your animals currently licensed in the town that you live in? Y / N

18. Would the dog be alone during the day? Y / N

If so, for how long and where in the house will the dog stay? _____

19. Do you have a fenced in yard or completely fenced area? Y / N

If yes, please describe in detail including approximate size of fenced area, height and type of fence: _____

20. What qualities are you looking for in a dog? _____

21. What other facilities and opportunities do you have for exercising a playful, active dog? _____

22. Please explain the training methods have you used for previous or current dogs?

23. Would you be willing to take this dog to obedience classes? Y / N

24. Have you ever owned the breed of dog you are applying for? Y / N

25. Are you aware that a rescued dog may not be fully housetrained at the time of placement? Y / N

26. If you have another dog, will you separate them when you're not home? Y / N

- If so, how will you do this (Crates, baby gates, closed off in different rooms, etc.)?

27. Please explain where the dog will be kept:

A) At night? _____

B) During the day? _____

C) Where will the dog be when you are not home? _____

D) What about when you are on vacation? _____

28. Have you ever had experience with an emotionally or physically neglected or abused dog? Y / N

If so, how did you acquire the dog? _____

29. Are you willing and able to housetrain a dog or puppy? What methods will you use to housetrain this dog?

30. Are you in a position to assume the financial commitment that a dog requires, including unexpected illness and medical emergencies? The average cost for basic dog care per year is \$1,000. Can you afford this financial commitment? Y / N

31. Are you prepared to make a lifelong commitment? Y / N

32. If you move, what will you do with your pet? _____

By signing this application, I certify that the information I have provided is true. Any misinterpretation of the facts may result in losing my privilege of adoption. I understand that the Wallingford Animal Shelter may check references and that this application is property of the shelter. I agree not to sell, exchange, or give the animal away. I also agree to return the animal to you if I cannot provide it with adequate food, shelter, medical care or love.

Applicant Signature

Date

STAFF USE ONLY:

Name of Person Spoken to at Vet: _____

Current/Deceased Animals:

Up to Date On Vaccinations? _____

Heart Guard/Feline Leukemia/Frontline Protection/Etc.?

Date of Last Visit(s): _____

Other Staff Comments (If applicable):
