

Animal Adoption Application
 Wallingford Animal Control
 5 Pent Road
 Wallingford, CT 06492
 Phone (203) 294-2180 Fax (203) 294-2181

**PLEASE COMPLETE ALL OF SECTION 1
 IF APPLYING FOR A CAT/KITTEN, ALSO COMPLETE SECTION 2, FOR A DOG SECTION 3**

SECTION 1 – GENERAL INFORMATION

Animal you are applying for: _____ Cat Dog

Would you be willing to meet other dogs/cats? Y N

If so, what are you looking for in this pet? (e.g., gender, age, temperament, size): _____

Name: _____ Age: _____

Email Address: _____

Address: _____ City/State/Zip Code: _____

Phone Numbers: _____ home cell _____ cell work

1) Currently employed: Y N Place of Employment: _____

2) What type of residence do you live in? single family home multi-family home condo apartment

3) Do you: own live with parents rent – Name and phone number of landlord: _____

4) If you rent or own a condo, do you have a copy of a lease agreement/bylaws stating animals are allowed Y N

5) How many people live in your home? _____ Please identify relationship and age below

a. Spouse/significant other age: _____ b. Your children list ages: _____

c. Others: relationship/age: _____

6) Is your spouse or significant other aware that you are submitting this adoption application? Y N NA

7) Will all family members come to meet the pet prior to adoption? Y N

8) Does anyone in your house have allergies to animals? Y N

9) Does anyone in your household smoke? Y N

10) Who would be the primary caregiver for the animal?

11) Please explain your work schedule: _____

12) What is the activity level in your home? Check one below

Busy – visits from friends, children, parties at home Noisy – television, stereo, machinery, tools, kids play

Moderate – normal comings and goings Quiet – homebodies, few guests, no children

13) **PET HISTORY** Check here if you have not previously owned a pet

List current pets **To expedite the process, please contact your veterinary reference and let them know we will be contacting them.**

| Name of Pet | Type of Pet (e.g. dog, cat, etc.) | Breed | Age | Sex | Spayed/Neutered If No, explain why below | Up to date on vaccines | If dog- current license? | If cat – declawed? |
|-------------|--------------------------------------|-------|-----|---|---|---|---|---|
| 1. | | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. | | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. | | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. | | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. | | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

Explanation and/or additional pets: _____

List of deceased pets (within the past five years)

| Name of Pet | Type of Pet (e.g. dog, cat, etc.) | Breed | Age | Sex | Spayed/Neutered If No, explain why below | What lead to animal's death? |
|-------------|--------------------------------------|-------|-----|---|---|------------------------------|
| a. | | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| b. | | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| c. | | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | |

Explanation and/or additional pets: _____

14) Name/phone number of veterinarian(s) & years seen: _____

If you have more than one vet, please specify using the number or letter associated with the of the names of animals that go or have gone to each

Name and relationship to applicant who the veterinary account is listed under: _____

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15) Under what circumstances might you decide **NOT** to keep a pet? Check all that apply

- Moving New Baby New Job Divorce Shedding Allergies Illness Pet too old
 Pet health problems Pet behavioral problems Pets not getting along Bites human/another animal

Other: _____

16) Have you ever been in a situation where you were not able to keep a pet? Y N

a. What did you do with the pet? _____

17) Are you prepared to make a lifelong commitment? Y N

18) If you move, what will do you with your pet? _____

19) If something were to happen to you, would there be someone willing to take care of your pets? Y N

a. If YES, who would that person be, or what arrangements would be made? _____

20) Please provide two personal references (not family members)

a. Name: _____ Phone: _____ Relationship: _____

b. Name: _____ Phone: _____ Relationship: _____

SECTION 2 - IF APPLYING TO ADOPT A CAT/KITTEN, PLEASE COMPLETE THIS SECTION

1) Why do you want to adopt a cat/kitten? _____

2) What qualities are you looking for in a cat/kitten? _____

3) Where do you plan on keeping the cat/kitten: Outdoors Indoor/Outdoor Indoor only – full run of house Indoor only – basement

4) When you go on vacation or go away for a length of time, what arrangements will be made for the cat? _____

5) Do you plan to declaw the cat/kitten? Y N Why or why not? _____

6) Have you ever had experience with an emotionally or physically abused cat/kitten? Y N

a. If yes, how did you acquire the cat? _____

SECTION 3 - IF APPLYING TO ADOPT A DOG/PUPPY, PLEASE COMPLETE THIS SECTION

1) Why do you want to adopt a dog/puppy? _____

2) What qualities are you looking for in a dog/puppy? _____

3) Have you ever owned the breed of dog/puppy you are applying for? Y N

4) Have you ever had experience with an emotionally or physically neglected or abused dog/puppy? Y N

a. If YES, how did you acquire this pet? _____

5) Would the dog/puppy be along during the day? Y N

a. If YES, for long and where in the house will the pet stay? _____

6) Please explain where the dog/puppy will be kept: During At
day: _____ night: _____

7) Where will the dog/puppy be when you're not at home? _____

8) When you go on vacation or go away for a length of time, what arranges will be made for the dog? _____

9) Do you have a fenced in yard or completely fenced area? Y N

a. If YES, please describe in detail including approximate size of fenced area, height and type of fence _____

10) What other facilities and opportunities do you have for exercising a playful, active dog/puppy? _____

11) Please explain the training methods you have used for previous or current dogs _____

12) Would you be willing to take this dog/puppy to obedience classes? Y N

13) Are you aware that a rescued dog/puppy may not be fully house trained at the time of placement? Y N

14) What methods will you use to house train this dog/puppy? _____

15) If you have another dog will you separate them when you're not at home? Y N

a. If YES, how will you do this? crates baby gates closed off in different rooms _____

16) Are you willing to allow us to conduct a home visit prior to the final approval of this application? Y N

a. If NO, why? _____

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Each adoption application is reviewed for suitability prior to meeting the animal.
Submitting an application does not guarantee you will receive the desired animal.
We reserve the right to deny anyone the adoption of an animal without explanation.
All placements are at the discretion of the Wallingford Animal Control Officers.
Applicants must be at least 18 years of age.
Incomplete applications will not be considered.
Please allow up to two weeks for us to process your application.

By signing this application, I certify that the information I have provided is true. **Any misinterpretation of the face 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 way. I understand that if I am unable or choose not to keep the animal, I will return the animal to the Wallingford Animal Shelter.**

Applicant Signature: _____ **Date:** _____
