

# Cromwell Animal Control Dog Adoption Application

<b>OFFICE USE ONLY</b> Application Received: _____ Date of Visit: _____ Pet Seen Today: _____ References Checked: Y N ACO Contacted Y N Recommendation: _____ _____
--

*Note: Application MUST be completed In Full. If you are unable to answer a question please state Why.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Co-Applicant \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

A complete answer to the following questions will enable us to become more familiar with your request and requirement and will help us find the shelter dog to match your needs and expectations.

Age desired: Any, Specific Age, Senior (8 years and older) \_\_\_\_\_

Is there a specific dog from our website that you are interested in? \_\_\_\_\_

If, so which one is it? ( if there is more than one dog with the same name, please specify color, gender or anything that would allow us to distinguish it from the other dog? \_\_\_\_\_

Why are you interested in this particular dog? Please be specific. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you consider a Special Needs dog? Such as one who requires medication for a permanent but controlled condition? \_\_\_\_\_

Will you accept a mixed breed? \_\_\_\_\_ Male or Female? \_\_\_\_\_

Activity Level High, Med, Calm? \_\_\_\_\_

Ages of all family members? \_\_\_\_\_

Do they or other family members live with or visit you? \_\_\_\_\_

Do they share your interest in adopting a dog? \_\_\_\_\_

Who is the dog primarily for? Adult Child Elderly Other explain\_\_\_\_\_

Who will care for, than and exercise the dog?\_\_\_\_\_

Does anyone in your household have allergies?\_\_\_\_If Yes, to what allergens?\_\_\_\_\_

May we visit you home prior to application approval?\_\_\_\_\_If Yes, when?\_\_\_\_\_

Please list all the pets you have owned in the past five years:

Species / Name/ Breed	Sex	Altered?	What happened to this pet?

Please provide the **NAME, ADDRESS and PHONE NUMBER** of your current veterinarian:

**PLEASE CONTACT YOUR VET TO RELEASE MEDICAL INFORMATION – Failure to do so may delay your application.**

Please provide any other veterinarian that you have used for the past three years:

Where do you purchase heartworm preventive if not from your veterinarian?

How long have you lived at your current address?\_\_\_\_\_ Do you own or rent?\_\_\_\_\_

If less than three years please provide your previous address:

Renters please provide landlords name and phone number \_\_\_\_\_

Do you have permission from your landlord to have a dog?\_\_\_\_\_

If so, up to what size? \_\_\_\_\_ A letter from your landlord may be required.

Will the dog be allowed in the house? \_\_\_\_\_

How long daily will the dog be left alone (without humans)? \_\_\_\_\_

Where will the dog stay when you are away from the house? \_\_\_\_\_

Are you familiar with the use of a dog crate to train the pet during your absence or at night? \_\_\_\_\_

Is your yard fenced? \_\_\_\_\_ If you do not have a fence will you install one? \_\_\_\_\_

If so what type of fence? (include height, width, & length) \_\_\_\_\_

Approximate size of dog's yard area: \_\_\_\_\_ Will the dog be walked daily? \_\_\_\_\_

Exercised in a fenced yard? \_\_\_\_\_ Allowed to run free without supervision? \_\_\_\_\_

Will your dog receive formal obedience training? \_\_\_\_\_

Have you ever adopted a shelter dog before? \_\_\_\_\_

Are you aware that shelter dogs need time to acclimate to a new family? \_\_\_\_\_

Are you aware that routine costs of maintaining a dog averages \$500. per year? \_\_\_\_\_

Have you ever sold, given away or surrendered a pet to a shelter? \_\_\_\_\_

If yes, Why? \_\_\_\_\_

Please tell us why you want a shelter dog instead of from a pet store or breeder: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please tell us a little of you lifestyle, your family including any special activities in which your dog would be included. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When you move what will you do with your dog? \_\_\_\_\_

Do you understand the state and local ordinances concerning licensing and leashing in your community? \_\_\_\_\_

Have you or any member of your family/household been cited for leash law violations or cruelty to animals in the past? \_\_\_\_\_

If yes please specify: \_\_\_\_\_

Please tell us how you became aware of the dog you are interested? \_\_\_\_\_

\_\_\_\_\_  
If you have any special requirements or requests for a dog, please let us know so that we can more carefully match a dog to your lifestyle.

I/we attest that the information provided on this application is true and accurate to the best of my/our knowledge I/we attest that we have been informed that upon adopting a dog, an animal control officer may visit said dog at any time with no notice given, to check on the well-being of a adopted.

**We/I attest that completion of this application is NOT a guarantee of receiving a pet. We DO NOT adopt animals on a 'First Come-First Serve' Basis. Cromwell Animal Control's utmost goal is to match the right pet with the right forever home.**

Applicants Signature

\_\_\_\_\_ Date \_\_\_\_\_

Co-Applicants Signature

\_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return to:**

**Cromwell Animal Control  
5 West Street  
Cromwell, CT 06416  
860-635-2256 x29  
860-613-2934 (fax)**