



# ATTLEBORO ANIMAL SHELTER CANINE ADOPTION APPLICATION



508-761-5617 fax 508-276-0444

We are committed to matching the dog with the right family so all will have many happy years together. Please give careful consideration to adopting a dog. Be sure your lifestyle allows the time, patience & expense this pet will need over the years. **Animals are not toys or short-term commitments. Are you ready for a 10-15 year commitment?**

**Procedure:** Completely fill out & sign application. **Incomplete applications will NOT be processed.**

- \* You will hear back within 7 days or please assume your application was not selected.
- \* Applications that are selected, vet-check and personal reference checks will be done.
- \* If the adoption is approved, an adoption contract will be signed, adoption fee paid (**money-order or bank check**) and you take your new dog home.

Name of dog applying for: \_\_\_\_\_ Breed/Color: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### PLEASE PRINT CLEARLY

Applicants full name: \_\_\_\_\_ Age: \_\_\_\_\_ Driver License#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer/occupation & tel #: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Co-applicant/Spouse name / Employer/ & tel #: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

1. Why do you want a rescue dog? \_\_\_\_\_

2. Does your city/town have breed specific restrictions? Yes No (explain) \_\_\_\_\_  
Are you aware of your state / local ordinances concerning dog licensing? Yes No Leash laws? Yes No  
Have you ever been cited for licensing violation, Yes No or leash law violations? Yes No

3. Do you agree that the dog WILL NOT be used for fighting, breeding, illegal activities or be found at any time in a location where its presence is illegal? Yes No Not Sure

4. Do any members of your family have asthma or allergies? No Don't Know Yes (describe) \_\_\_\_\_  
Are you aware that dogs can shed all year long? Yes No

5. What will you do with your dog if/when you travel? \_\_\_\_\_

6. If you have to move unexpectedly what will you do with your dog(s) and other pets? \_\_\_\_\_

7. Are you aware that costs of maintaining a healthy dog can average \$500 - \$1000 or more a year (food, annual checkups & shots, heartworm & flea/tick prevention, grooming, etc.)? Yes No

8. Number of adults in household \_\_\_\_\_ # of children \_\_\_\_\_ Please list all members living in household (Names & Ages) **(Note: FAAS often does not place dogs in homes with children under age 6)**

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

9. Do all household members want to adopt a dog? Yes No Not Sure  
If there are no young children living in your home, will your rescue dog have regular contact with any under the age of 10? Yes No (describe) \_\_\_\_\_

10. Do you own or rent your home? Own Rent How long at current residence? \_\_\_\_\_  
Is your residence: House Townhouse Mobile Home Condo Apartment Other

If you do not own, do you have permission to have a dog? \_\_\_\_\_ Is there a restriction on the **size/breed** of dog allowed? Yes No Not Sure Explain restriction: \_\_\_\_\_

If you do not own, provide name & telephone number of landlord. (*Application will not be processed without this information*) Name: \_\_\_\_\_ Tel#: (\_\_\_\_) \_\_\_\_\_

*If you rent and have not been at current residence for over 2 years, please list previous address and name & telephone number of landlord: \_\_\_\_\_ how long? \_\_\_\_\_*

11. Do you have a fenced yard? No Yes - type & height: \_\_\_\_\_  
Does the fence belong to you, or to neighbors? \_\_\_\_\_  
Any holes or gaps? Yes No Is the fence attached to the home? Yes No  
If you don't have a fenced yard are you willing to install one? No Yes - When? \_\_\_\_\_

**Note: Secure, fully fenced yards are typically required for homes with children under age 12. For some dogs, fences of minimum 5 to 6 ft are required.**

12. Who will care for, train & exercise your new dog? \_\_\_\_\_  
How will you exercise your dog? \_\_\_\_\_

13. How many hours a day will the dog be home without humans on a regular basis? \_\_\_\_\_ Evening? \_\_\_\_\_  
When no one is home (i.e. at work, shopping), where will the dog stay (be specific) \_\_\_\_\_

14. Will your newly rescued dog: Live inside? Yes No Live outside? Yes No  
Be allowed to run free in the neighborhood? Yes No  
Be walked daily? Yes No  
Be licensed in the city/town where you live? Yes No  
Receive formal obedience training? Yes No  
Have annual vet check-ups? Yes No  
Be kept on heartworm / flea & tick preventative? Yes No

15. Where will your dog sleep at night? \_\_\_\_\_  
Will your dog be allowed on furniture? Yes No  
Will your dog have free run of house? Yes No

16. Why do you want a dog? (check all that apply) For Spouse For Children Watch/Guard Dog Family Pet Gift Companion for Another Pet Other (explain) \_\_\_\_\_

17. What attributes are important for the dog to have? Good With Kids Good With Cats/Dogs Size Past Chewing Stage Easy Going Not Hyper Does Not Matter Other: \_\_\_\_\_

18. Do you have a health preference? Healthy Only Healthy with Minor Short Term Problem Healthy with Minor Long Term Problem Disabled Does Not Matter

19. Do you currently own any pets? \_\_\_\_\_ **I hereby authorize the Friends of Attleboro Animal Shelter the right to obtain information on my animals medical records:(signed)** \_\_\_\_\_

*If you have more animals than space provided, please use an additional sheet of paper and attach to this form.*

Name \_\_\_\_\_ Type \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Is the pet Spayed or Neutered? Yes No

Primarily Indoor or Outdoor? Explain: \_\_\_\_\_

What year did you get the animal? \_\_\_\_\_

How did you acquire the animal? \_\_\_\_\_

Veterinarian's name and tel no. \_\_\_\_\_

Name of person on file at the vet if other than applicant (we call for references) \_\_\_\_\_

Comments: \_\_\_\_\_

Name \_\_\_\_\_ Type \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Is the pet Spayed or Neutered? Yes No  
 Primarily Indoor or Outdoor? Explain: \_\_\_\_\_  
 What year did you get the animal? \_\_\_\_\_  
 How did you acquire the animal? \_\_\_\_\_  
 Veterinarian's name and tel no. \_\_\_\_\_  
 Name of person on file at the vet if other than applicant (we call for references) \_\_\_\_\_  
 Comments: \_\_\_\_\_

Name \_\_\_\_\_ Type \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Is the pet Spayed or Neutered? Yes No  
 Primarily Indoor or Outdoor? Explain: \_\_\_\_\_  
 What year did you get the animal? \_\_\_\_\_  
 How did you acquire the animal? \_\_\_\_\_  
 Veterinarian's name and tel no. \_\_\_\_\_  
 Name of person on file at the vet if other than applicant (we call for references) \_\_\_\_\_  
 Comments: \_\_\_\_\_

20. Describe all pets you previously owned in the last 5 years:

*If you have more animals than space provided, please use an additional sheet of paper and attach to this form.*

Name \_\_\_\_\_ Type \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Was the pet Spayed or Neutered? Yes No  
 Primarily Indoor or Outdoor? Explain: \_\_\_\_\_  
 What year did you get the animal? \_\_\_\_\_  
 How did you acquire the animal? \_\_\_\_\_  
 Year deceased (or last year you had pet)? \_\_\_\_\_  
 Cause of death, or where pet is now (detail) \_\_\_\_\_

Name \_\_\_\_\_ Type \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Was the pet Spayed or Neutered? Yes No  
 Primarily Indoor or Outdoor? Explain: \_\_\_\_\_  
 What year did you get the animal? \_\_\_\_\_  
 How did you acquire the animal? \_\_\_\_\_  
 Year deceased (or last year you had pet)? \_\_\_\_\_  
 Cause of death, or where pet is now (detail) \_\_\_\_\_

21. List each vet/animal hospital where your animal(s) received care over the last 5 years:

**If several vets were used, please explain and provide approximate service dates. Please note that application review cannot be completed unless each vet's phone number is provided. If the space provided is insufficient, please use an additional sheet of paper and attach to this form.**

Name(s) Phone # with area code (for each) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 What owner name(s) are records listed under \_\_\_\_\_  
 Date of last vet visit: \_\_\_\_\_

22. Name of vet you will use for your new pet: \_\_\_\_\_

23. What kind of veterinary care do you plan to provide? \_\_\_\_\_
24. Have you ever given away, sold, surrendered or put down a pet? Yes No  
If yes, please explain: \_\_\_\_\_
25. What do you feel are valid reasons for giving up a pet? Would never consider giving up pet Fleas Sheds  
Too Expensive Barks to much Chews or destroys household objects New Baby Moving  
Getting Married/Divorced Children will no longer take care of pet Gets to big Does not listen  
Other (be specific) \_\_\_\_\_
26. If behavioral issues should be encountered with your new dog, what actions would you take? \_\_\_\_\_
27. Will you crate train your dog? Yes No If no, (why not): \_\_\_\_\_
28. Will you commit to obedience classes / professional dog trainer? Yes No If no (why not): \_\_\_\_\_

29. Please provide names and contact information for two references, not related to or living with you, that have been to your home (friend, neighbor, clergy): **PLEASE PRINT**

Name of reference	Address of reference	Tel #: daytime / evening	Relationship to you	Email address of reference

30. Have you done any research on the breed of dog you are interested in adopting? Yes No
31. Why do you want this breed of dog? \_\_\_\_\_
32. Please provide additional information you would like us to know about yourself and/or the dog you would like to adopt (breed / rescue experience, etc.): \_\_\_\_\_

By signing this application I attest that the information provided on this application is true and accurate and understand false information will result in denial of adoption. Also, if an omission or untruth is discovered after an adoption takes place, I understand that the City of Attleboro or the Friends of Attleboro Animal Shelter reserves the right to annul the adoption and reclaim the animal. I give the permission to fully investigate the information provided as well as contact veterinarians and related officials.

I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal. I understand it is the Friends of Attleboro Animal Shelter prerogative to decide which home is most appropriate and that their decision is final, and therefore I will not argue with the decision. Unless otherwise indicated I am free to apply and undergo the application process in the future.

**I agree that I will not hold City of Attleboro or the Friends of Attleboro Animal Shelter responsible for any liabilities involved with the adoption of any animal.**

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

**FAAS Use only:** Interviewed by: \_\_\_\_\_ Adoption: Approved Denied Reason for denial \_\_\_\_\_  
Spay/Neuter \_\_\_\_\_ Vaccinations \_\_\_\_\_ Heartworm \_\_\_\_\_ Frontline \_\_\_\_\_