



TOWN OF SOUTHBURY

ANIMAL CONTROL

501 Main Street South

Southbury, Connecticut 06488

(203) 262-0613

animalcontrol@southbury-ct.gov

APPLICATION FOR CANINE ADOPTION

The first step in the process of adopting a pet from Southbury Animal Control is to complete this application. Working with you, we will be able to determine if the adoption is in the pet's best interest, and the process ensures that you will find a pet well-suited to your lifestyle. Please provide detailed information for all questions. **All information will be kept confidential.**

To qualify for adoption, you must:

- Be at least 21 years old and have a valid driver's license or state Identification Card stating your current address.
- Have the knowledge and consent of a landlord, if relevant.
- Be able and willing to spend the time and money necessary to provide medical treatment, proper nourishment and care, and training for a pet.

Please note: We reserve the right to refuse adoption to anyone. Please be advised that we will not adopt to persons who mislead or fail to provide accurate information on this application.

All fields must be filled in, where the question is not applicable please type in N/A.

Type of dog desired:	Color(s):
Name / description of dog you are interested in:	

ABOUT YOU AND YOUR FAMILY

Your Name:	
Address:	
City, State, Zip:	
Your date of birth:	Spouse's age:
Number of children?	Ages:
Telephone numbers: (home):	(work):
Email address:	
Are you presently: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other – explain:	
Are you or any member of the family allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, how would you manage the situation?	
Do you consider your dog a part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What do you think is the estimated annual cost of owning a pet?	
Are you aware of the current laws in your town pertaining to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, can you explain them?	
How did you hear about us?	

ABOUT YOUR HOME

Type of residence: <input type="checkbox"/> House/Own <input type="checkbox"/> House/Rent <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse			
How long have you lived at this address?			
If rental, are dogs allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Max. Size:			
Complex name/address:			
Manager/Landlord:		Phone number:	
What type of street do you live on? <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Country road			Speed limit:
Does your home have a yard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your yard have a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will the gate be locked with a pad lock? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of fence do you have? <input type="checkbox"/> Chain Link <input type="checkbox"/> Wood <input type="checkbox"/> Invisible <input type="checkbox"/> Other – specify:			
Does your yard have a run / doghouse? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, will you provide one?			
May we make a pre-adoption visit to your home? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ABOUT YOUR CURRENT/PREVIOUS PETS

Have you ever owned a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please complete the following chart about your last 5 pets:		
Type of Pet	Years Owned	Spayed/Neutered	Inside/Outside	Where is Pet Now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Current or past vet:				
Vet's address:			Vet's phone:	
Will you allow us to speak with your vet to obtain information on the health care of your pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are all other pets in the house current on vaccinations?				
If you have a cat, does it get along with dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you experiencing any difficulties with your current pets in terms of health or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please describe:				

YOUR PREFERENCES

Why do you want a dog?		
Have you researched the breed you are interested in?		
Please explain the good & bad characteristics of this breed:		
What type of dog do you wish to give a permanent home? <input type="checkbox"/> Friendly dog <input type="checkbox"/> High-energy dog <input type="checkbox"/> Shy/timid dog <input type="checkbox"/> Dog with medical needs <input type="checkbox"/> Dog that needs training <input type="checkbox"/> Senior dog <input type="checkbox"/> Physically challenged/handicapped dog		
What strong preferences do you have in a pet:		
What behaviors would you have a hard time dealing with? <i>Check all that apply</i> : <input type="checkbox"/> Shy /Aloof <input type="checkbox"/> Digging <input type="checkbox"/> Barking <input type="checkbox"/> Stubborn <input type="checkbox"/> Nervous <input type="checkbox"/> Dominant <input type="checkbox"/> Protective <input type="checkbox"/> Jumping on people <input type="checkbox"/> Chewing <input type="checkbox"/> Aggression <input type="checkbox"/> Escaping		
What role would your new dog play in your life: <input type="checkbox"/> Companion/Family pet <input type="checkbox"/> Companion for another pet <input type="checkbox"/> Guard dog <input type="checkbox"/> Breeding <input type="checkbox"/> Other:		
Age of dog desired:	Oldest dog considered:	Approx. weight as an adult dog:
Have you ever housetrained a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how?
Are you aware that a dog is a large and lifelong commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PLANS FOR YOUR NEW PET

Where will the dog live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside <input type="checkbox"/> Tied up outside <input type="checkbox"/> Running free	
Where will the dog spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Crated inside <input type="checkbox"/> Inside – free roam	
Will you allow the dog to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where?
How many hours per day will the dog be alone?	Where will the dog stay when left alone?
In a shelter environment it is difficult to determine if a dog is housetrained – will you be able to tolerate a few accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What solution will you try if housebreaking accidents continue after the first week? <input type="checkbox"/> Paper training <input type="checkbox"/> Crate training <input type="checkbox"/> Take out more often <input type="checkbox"/> Use a dog door <input type="checkbox"/> See a vet <input type="checkbox"/> None <input type="checkbox"/> Other (explain)	
How do you plan on exercising your pet?	
What is your preferred level of exercise with the pet?	
How many years do you plan to keep the dog?	
Under what circumstances would you give up your dog?	
Have you ever given up a dog before, if so why?	
Do you agree to spay or neuter this dog if it has not been done already?	
Are you willing to pay for a heartworm test?	
Will your dog be on heartworm and flea/tick prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How do you feel about obedience classes?	
If for any reason in the future you are no longer able to keep the animal you adopt, do you agree that you must either return the animal to Southbury Animal Control, or find a new suitable home for the pet and notify us of the change in ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Personal References: Please list two references, non-family members, who we may call.	
Name:	
Address:	Phone:
Relation to you:	Years Known:
Name:	
Address:	Phone:
Relation to you:	Years Known:

I certify that the above information is true and I understand that false information may result in nullification of this application / adoption.

Applicant signature: _____ **Date:** _____
(Signature is required)

Note: A typed name will substitute for a handwritten signature.