# TOWN OF SOUTHBURY

## ANIMAL CONTROL

501 Main Street South
Southbury, Connecticut 06488
(203) 262-0613
animalcontrol@southbury-ct.gov

## APPLICATION FOR FELINE 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 cat desired: | Color(s): |
| Name / description of cat you are interested in: | |

## ABOUT YOU AND YOUR FAMILY

| | |
|---|---|
| Your Name: | |
| Address: | |
| City, State, Zip: | |
| Your Age: | Spouse's Age: |
| Number of children: | Ages: |
| Telephone numbers (home): | (work): |
| Email Address: | |
| Are you presently: □ Employed   □ Unemployed   □ Student   □ Retired   □ Other - explain | |
| Are you or any member of the family allergic to pets? □ Yes   □ No.  If yes, how are you going to handle? | |
| Do you consider your cat a part of the family? □ Yes   □ 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? □ Yes   □ No.  If yes, can you explain them? | |
| How did you hear about us? | |

## ABOUT YOUR HOME

| Type of residence:  □ House/Own   □ House/Rent   □ Apartment   □ Condo   □ Townhouse |||
|---|---|---|
| How long have you lived at this address? |||
| If rental, are cats allowed? □ Yes   □ No | Size Restrictions? □ Yes   □ No | Max. Size: |
| Complex name/address: |||
| Manager/Landlord: | Phone number: ||
| Does your home have a yard:  □ Yes   □ No |||
| May we make a pre-adoption visit to your home?  □ Yes   □ No |||

## ABOUT YOUR CURRENT/PREVIOUS PETS

| Have you had pets in the last five years?  □ Yes    □ No ||| If yes, complete the following chart: ||
|---|---|---|---|---|
| *Type of Pet* | *Years Owned* | *Spayed/Neutered* | *Inside/Outside* | *Where is Pet Now?* |
|  |  | □ Yes  □ No | □ Inside  □ Outside |  |
|  |  | □ Yes  □ No | □ Inside  □ Outside |  |
|  |  | □ Yes  □ No | □ Inside  □ Outside |  |
|  |  | □ Yes  □ No | □ Inside  □ Outside |  |
|  |  | □ Yes  □ No | □ Inside  □ 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?  □ Yes    □ No |||||
| Are all other pets in the house current on vaccinations?  □ Yes    □ No   □ I don't know |||||
| If you have a dog, does it get along with cats? □ Yes    □ No   □ I don't know |||||
| Are you experiencing any difficulties with your current pets in terms of health or behavior?  □ Yes    □ No  <br> If Yes, please describe: |||||

## YOUR PREFERENCES

| Why do you want a cat? |
|---|
| Have you researched the breed you are interested in?  □ Yes    □ No |
| Please explain the good & bad characteristics of this breed: |
| What type of cat do you wish to give a permanent home? *Check all that apply:*  □ Friendly cat    □ High-energy cat  <br> □ Shy/timid Cat   □ Cat with medical needs    □ Kitten   □ Senior cat   □ Physically challenged/handicapped cat |
| What strong preferences do you have in a pet: |
| What behaviors would you have a hard time dealing with? *Check all that apply:*  □ Shy /Aloof   □ Stubborn  <br> □ Nervous   □ Dominant   □ Protective   □ Aggression   □ Escaping |
| What role would your new cat play in your life? *Check all that apply:*   □ Companion/Family Pet    □ Companion  <br> for Another Pet    □ Breeding   □ Other: |
| Age of cat desired:  Oldest cat considered: |
| Approximate weight (as an adult cat) considered: |
| Are you aware that a cat is a lifelong commitment?  □ Yes    □ No |

## PLANS FOR YOUR NEW PET

| | |
|---|---|
| Where will the cat live? □ Inside only  □ Outside only  □ Mostly inside  □ Mostly outside | |
| Where will the cat spend nights?    □ Inside    □ Outside    □ Inside – free roam | |
| Have you ever housetrained a cat?  □ Yes   □ No | If Yes, how? |
| In a shelter environment it is difficult to determine if a cat is housetrained – will you be able to tolerate a few accidents? □ Yes   □ No | |
| What solution will you try if housebreaking accidents continue after the first week?   □ See a vet   □ None □ Other (explain) | |
| What precautions would you take to properly introduce a new cat into your home if you have other animals (a dog, bird, rabbit, another cat, etc.)? | |
| What will you do if your new cat does not get along with your present companion animals? | |
| Are you planning on declawing? □ Yes    □ No    □ Not sure | |
| How many years do you plan to keep the cat? | |
| Under what circumstances would you give up your cat? | |
| Have you ever given up a cat before, if so why? | |
| Do you agree to spay or neuter this cat if it has not been done already?   □ Yes   □ No | |
| Will your cat be on and flea/tick prevention?  □ Yes   □ No | |
| 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?  □ Yes   □ 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.