



TOWN OF SOUTHBURY

ANIMAL CONTROL

501 Main Street South

Southbury, Connecticut 06488

(203) 262-0613

animalcontrol@southbury-ct.gov

APPLICATION FOR PET 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 pet desired:	Color(s):
Name / description of pet 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: <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 are you going to handle?	
Do you consider your pet 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 pets allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max. Size:
Complex name/address:		
Manager/Landlord:	Phone number:	
Does your home have a yard: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 had pets in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, complete the following chart:		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know				
If you have a dog, does it get along with other pets? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know				
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 pet?
Have you researched the breed you are interested in? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain the good & bad characteristics of this breed:
What strong preferences do you have in a pet:
What role would your new pet play in your life? <i>Check all that apply:</i> <input type="checkbox"/> Companion/Family Pet <input type="checkbox"/> Companion for Another Pet <input type="checkbox"/> Breeding <input type="checkbox"/> Other:
Are you aware that a pet is a lifelong commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLANS FOR YOUR NEW PET

Where will the pet live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside
Where will the pet spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Inside – free roam
In a shelter environment, it is difficult to determine if a pet 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"/> See a vet <input type="checkbox"/> None <input type="checkbox"/> Other (explain)

What precautions would you take to properly introduce a new pet into your home if you have other animals (a dog, bird, rabbit, cat, etc.)?
What will you do if your new pet does not get along with your present companion animals?
How many years do you plan to keep the pet?
Under what circumstances would you give up your pet?
Have you ever given up a pet before, if so why?
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: _____
(Signature is required)

Date: _____

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