

DOG ADOPTION FORM
STAMFORD ANIMAL CARE & CONTROL

201 Magee Avenue, Stamford, CT 06902
Tele # (203) 977-4437 ~ Fax # (203) 977-5112
www.cityofstamford.org/animalcontrol www.stamfordctshelter.petfinder.com
We reserve the right to approve or deny any adoption

DATE _____ TIME _____

For shelter use only:

Staffie _____ Non-staffie _____ Small _____

To adopt, you must:

___ be at least 21 years old

___ have the knowledge and consent of all adults living in your home

___ have landlord's consent to bring a pet onto the property

FIRST CHOICE – Dog Name: _____

SECOND CHOICE – Dog Name: _____

NAME _____ BIRTH DATE _____

SPOUSE/PARTNER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE #: Home _____ Work _____ Cell _____

E-MAIL ADDRESS: _____

PLACE OF EMPLOYMENT _____ Occupation: _____

Have you ever owned a dog? YES _____ NO _____ If yes, do you still have it? _____

If not, what happened to the dog? _____

Why do you want to adopt a dog/puppy? _____

Why did you choose this particular breed/mix of dog? _____

Where is adopted dog to be kept? Daytime _____ Evening _____

Do you have a yard? _____ If yes, how large? _____ Is your yard fenced in? _____

Is the yard fenced in completely? _____ How high is the fence? _____

If you don't have a yard, or it is not fenced in, how will the dog be confined outside? _____

How and **WHO in your household** will exercise this dog **EVERY DAY**? _____

Dogs can live 15 years or longer. Can you commit to caring for this pet that long? _____

What will you do with the dog if you have to move? _____

What will you do with the dog if you have a baby? _____

Properly cared for dogs can cost north of \$1,500/year. This includes yearly vaccinations, vet checkups, dog supplies, potentially needed training, possible boarding, good quality food and unforeseen medical expenses.

Are you **FINANCIALLY ABLE** to spend this kind of money on this dog if required? YES _____ NO _____

Are you **COMMITTED** to spend this kind of money on this dog if required? YES _____ NO _____

What type of food will you feed this pet? _____

Is any household member allergic to animals? _____ If yes, how will you deal with reactions to this pet? _____

How many adults in your home? _____ How many children? _____ Ages: _____

How does your spouse/partner feel about having this dog in your home? _____

Will you work out bad habits the dog may have? (barking, chewing, house-soiling, jumping, mouthing, etc.) YES / NO

If yes, how are you planning on dealing with any bad habit? On your own / Hiring a trainer / Group classes

Will you be bringing your dog to obedience classes? YES _____ NO _____

Do you own or rent your home? _____ How many years have you lived at your current address? _____

Do you live in a: House ____ Apartment ____ Condo ____ Townhouse ____ Other (name) _____

If you RENT, provide name and telephone number of your landlord - (REQUIRED)

Name: _____ **Telephone:** _____

If you OWN, you must provide proof of ownership by a copy of your Real Estate Tax Bill, or by showing us your mortgage prior to paying adoption fees. Owners of condos or townhouses must also provide a copy of the condo association's by-laws indicating pets are allowed, the number allowed and any limitations in size or weight, if any.

Please provide references of two people who have known you for 5 years or more, not in your immediate family:

Personal Reference: _____ Phone # _____

Personal Reference: _____ Phone # _____

Present and Former Veterinarians –

Name of your PRESENT Veterinarian & Hospital: _____

City and phone number (Present Vet): _____

Name your pet's records are under at your present vet (if different than applicant): _____

Name of your FORMER Veterinarian & Hospital: _____

City and phone number (Former Vet): _____

Name your pet's records are under at your former vet (if different than applicant): _____

Give us information about all the animals alive and currently living in your household -

Name of Pet:	Dog/Cat/Other	Breed:	Sex	Altered?	Age:	Weight:	Vaccinated?	Dog-licensed?

Give us information about the last 3 animals that you no longer have (deceased or otherwise) -

Name of Pet:	Dog/Cat/Other	Breed:	Sex	What happened to pet? If dead, how did it die?	If dead, age at death:	Date of death:

Where did you hear about this facility and dog/puppy for adoption? _____

Are you familiar with local animal control laws? Yes _____ No _____

PLEASE READ CAREFULLY BEFORE SIGNING

FEES

UPON ADOPTION APPROVAL, THE ADOPTION CONTRACT IS EXECUTED AFTER A **\$75 NON-REFUNDABLE** FEE HAS BEEN RECEIVED ***IN CASH OR CHECK*** BY THE SHELTER. THE \$75 COVERS THE ADOPTION FEE, THE SPAY/NEUTER SURGERY¹, RABBIES AND DISTEMPER VACCINES, AND MICRO-CHIPPING². FOR DOGS WHOSE SPAY/NEUTER SURGERY IS SCHEDULED AT THE TIME OF ADOPTION, ADDITIONAL MEDICAL SERVICES CAN BE PERFORMED (I.E. DENTAL CLEANING, DEWORMING, BATHING, ETC.) FOR A FEE IF REQUESTED. **WE STRONGLY RECOMMEND THAT ALL DOGS ARE DEWORMED** BEFORE OR SOON AFTER ENTERING YOUR HOME. PLEASE SPEAK TO THE SHELTER STAFF ABOUT FEES FOR THESE SERVICES.

HOLDING DOGS

DUE TO SPACE CONSTRAINTS, **WE DO NOT HOLD DOGS**. IF YOU ARE APPROVED TO ADOPT A DOG AND THE DOG IS READY TO GO, YOU MUST PICK HIM UP WITHIN A REASONABLE TIME, IF YOU ARE UNABLE TO DO THAT, YOU CAN ADOPT THE DOG AND BOARD HIM (at your expense) AT A BOARDING FACILITY UNTIL YOU TAKE HIM HOME. PLEASE SPEAK TO THE STAFF ABOUT BOARDING OPTIONS.

MULTIPLE APPLICATION CASES

WHEN A DOG HAS MULTIPLE APPLICATIONS, WE WILL GO THRU THEM ON A FIRST COME, FIRST SERVE BASIS³ AND WILL GIVE THE ADOPTION OPTION TO THE FIRST **APPROVED**⁴ APPLICATION.

¹ Some spay/neuter surgeries are performed at the time of adoption. Others are performed by the Shelter before an adopter has been found.

² Micro-chipping includes the micro-chip, the micro-chip insertion and the pet's life-time registration in Home Again's database.

³ We have waiting lists of approved adopters waiting for specific types/sizes of dogs. These applications are given priority.

⁴ Applications coming in first are looked at first but they are not guaranteed approval.

COPY OF DRIVER'S LICENSE (or other form of ID) IS REQUIRED

This application is designed to help us determine if the adoption is in the dog's best interest, and to assist you in finding a pet compatible with your lifestyle. An unwise adoption can result in an unpleasant experience for adoptive families and may ruin the pet for further adoptions. We hope you will agree that the pet's welfare must be our foremost concern.

I understand the above questions and I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for denial of adoption. By signing this application, I am stating that the above mentioned is true.

Your Signature _____ Date: _____

For shelter use only:

Final comments: _____

_____ Approved _____ Denied By _____ Date _____

PROCESSING NOTES

Date	Action	Content / result of conversation / message	Processor
	<input type="checkbox"/> Spoke with <input type="checkbox"/> Left mess. <input type="checkbox"/> Called / No answer		<input type="checkbox"/> Laurie <input type="checkbox"/> Katina <input type="checkbox"/> Isabel <input type="checkbox"/> Alex <input type="checkbox"/> Blake Other_____
	<input type="checkbox"/> Spoke with <input type="checkbox"/> Left mess. <input type="checkbox"/> Called / No answer		<input type="checkbox"/> Laurie <input type="checkbox"/> Katina <input type="checkbox"/> Isabel <input type="checkbox"/> Alex <input type="checkbox"/> Blake Other_____
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