



Dan Cosgrove Animal Shelter
749 East Main St
Branford, CT 06405
203-315-4125

Updated February 1, 2014

Thank you for your interest in adopting one of our shelter animals! The Dan Cosgrove Animal Shelter wants to make certain that every animal adopted goes to a loving and caring home. Our application asks a number of detailed questions. We ask that you be as thorough as possible in order to make our screening process effective. Please note that we reserve the right to contact two references including a previous or current Vet to help us in our decision making process. We charge a donation fee to the shelter with the medical paperwork provided to you as is our right by law. The Branford Animal Shelter reserves the right to refuse any adoption application.

Name of Pet Interested In _____

Name _____ Address _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Cell/Work Phone _____ D.O.B _____

Co-Applicant Name _____ Cell/Work Phone _____

Are you currently employed? _____ Place of Employment _____

Please provide two references (one should be a previous/current vet):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

HOUSEHOLD INFORMATION:

Please circle one of the following

Do you currently: Own Rent Live at home with Parents/Guardian

Do you live in: House Apartment Condo Mobile Home

If you rent, live in a Condo/Mobile Home please complete the following question:

**Do you have a copy of lease agreement/bylaws/stating animals are allowed? Y or N
Please provide us a copy of this before you complete this application. Applications without
this information will not be considered for adoption.**

Length of Time at Current Residence:_____

If you are planning on adopting a dog, do you have a fenced in yard? Y or N

If so what type of fence? Chain Wood Invisible Unsure

**If you do not have a fenced in yard, what arrangements will you make for exercise and
toilet duties?_____**

How many adults are in the home?_____

How many children are in the home and what are their ages?_____

Are all family members aware that you are looking to adopt a pet? Y or N

Will all the family members come in to meet the pet prior to adoption? Y or N

Do any family members have allergies to animals? Y or N

Who will be the primary caregiver?_____

**How much a year (approximately) do you think it costs to care for a dog or
cat?_____**

PET HISTORY:

Have you ever owned a pet? Y or N If so,what _____

Do you currently own other pets? Y or N How many?_____

Are they current on their vaccinations and heartworm preventatives? Y or N

Are your dogs licensed in Branford? Y or N

**Please give a brief description of the other animals you currently own- Please include their
approx. age, if they are spayed/neutered and length of ownership.**

Have you ever given a pet up for adoption? Y or N If so, why? _____

PET INFORMATION:

What is the longest number of hours your pet will be home alone daily? _____

Where will the pet spend most of its time? Inside Outside Garage Basement Run

Where will your pet sleep? Inside Outside Garage Basement

Are you aware that a cat or dog could live to be 15 years old or older? Y or N

Are you prepared to make a lifelong commitment? Y or N

Are you willing to take your pet to obedience training or a behaviorist? Y or N

It may take a few weeks or even months before your new pet adjusts to "home" life. Are you willing to wait out this adjustment period? Y or N

Have you ever had a pet lost or stolen? Y or N

Have you ever owned a kitten or puppy before? Y or N

The Branford Animal Shelter strongly recommends that you learn as much as possible about owning a puppy or kitten. They are cute and cuddly but require a lot of time, patience and effort. Before you adopt, please feel free to contact one of our Animal Control Officers for information regarding puppy and kitten care.

What will you do with your pet if you move? _____

What circumstances might you justify for giving up your pet? Please circle all that apply.

New Baby Moving Shedding Want to travel Divorce Allergies

Pet Health Problems Too Old Behavior Problems Children lost interest

Pet not getting along with other pets New household member dislikes pet

Destructive Too time consuming Other _____ None

Have you ever adopted an animal from us before? Y or N

If so, what? _____

PET PREFERENCE: *Please circle all that apply*

Dog : Small Medium Large Breed: _____

Age: <1year 1-5years 6-10 years 10-15 years

I want a: lap dog hunting dog companion dog watch dog

Energy level preferred: High Medium Low

I intend to: Bring dog-to-dog park Walk on leash Play in enclosed yard

Cat: Small Medium Large Breed/Color Preference: _____

Age: <1 year 1-5years 6-10years 10-15years

I want a: lap cat playful cat companion cat independent cat

Energy level preferred: High Medium Low

Please finish this sentence:

My ideal pet would be one that

Please add any other comments or information you would like us to know:

Please note that we provide you with all the medical paperwork that we have available to us. It is our intention that every animal over the age of six months old leave this shelter spayed, neutered, vaccinated, heartworm tested and feline leukemia and aids tested. Unfortunately we cannot foresee every instance since we are dealing with living creatures that came to us in need and/or homeless. Although we try our very best to ensure these animals leave healthy we cannot predict future health issues.

By signing this application, I certify that the information I have provided is true. Any misrepresentation of the facts may result in losing my privilege of adoption. I authorize investigation of all statements on this application. I understand that a representative of the Dan Cosgrove Animal Shelter may check references and that this application is the property of the shelter. I agree not to sell, exchange or give the animal away. I also agree to return the animal to you if I cannot provide it with adequate food, shelter, medical care and love.

Applicant Signature Date

Co-Applicant Signature Date

STAFF ONLY

Name of Person spoke to at vet _____

Rabies and other medical records are they up to date or were they when animal was alive? _____

Another other pertinent info _____

Staff Member who verified info _____ **Date:** _____