



PLEASE READ BEFORE FILLING OUT APPLICATION

- **PLEASE FILL OUT ENTIRE APPLICATION IN ORDER FOR IT TO BE PROCESSED.**
- **PLEASE NOTE THAT WE DO GET MULTIPLE APPLICATIONS DAILY AND SOMETIMES THERE ARE SEVERAL APPLICATIONS FOR THE SAME PET. WE DO OUR BEST TO GET THE APPLICATIONS PROCESSED AS QUICKLY AS WE CAN.**
- **IF YOU ARE NOT CHOSEN FOR THE PET YOU APPLIED FOR AND YOUR APPLICATION IS APPROVED, WE WILL BE HAPPY TO HOLD YOUR APPROVED APPLICATION FOR 30 DAYS SO YOU CAN FIND ANOTHER PET THAT WILL FIT INTO YOUR FAMILY.**
- **PLEASE DO NOT ASK THE STAFF HOW MANY APPLICATIONS THERE ARE FOR THE PET YOU ARE INTERESTED IN, THEY WILL NOT BE ABLE TO TELL YOU HOW MANY APPLICATIONS ARE ON FILE.**
- **INITIALS HERE THAT YOU HAVE READ THIS _____**
- **THANK YOU FOR YOUR PATIENCE.**



THANK YOU FOR APPLYING FOR ONE OF OUR SHELTER PETS!

Please Note these items are needed first and initial after each one that you have provided.

If these items are not provided your application will go into an incomplete file and WILL NOT be processed. _____ Initial

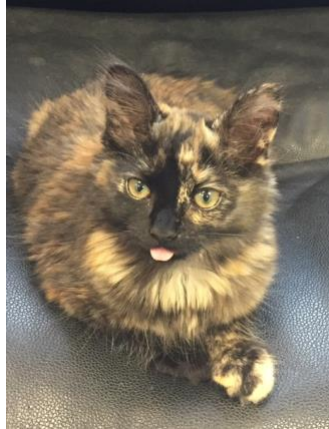
Provided Proof of Residence (Lease or Home Owners paperwork) _____ Initial

Provided Proof Animals are allowed if renter _____ Initial

Provided Veterinary Information and Personal Information with both viable phone numbers _____ Initial

(Please note you need to contact your vet to release information to us) _____ Initial

If you have ever given up an animal please provide us with name and phone number of person or organization you gave it to and why?



Staff please use back of application for all notes

STAFF ONLY DATE RECEIVED: _____

Vet Ref Check _____

Pers Ref Check _____

Home verif _____

Updated January 1, 2016

Dan Cosgrove Animal Shelter

749 East Main Street

Branford, CT 06405

Phone: 203-315-4125 Fax: 203-315-3851

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

Please provide us with a copy of mortgage statement or other verification of home ownership-Applications without this will not be considered

Do you live in: House Apartment Condo Mobile Home

If we needed to do a home visit would that be acceptable? Y or N and why or why not? _____

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: _____

NOTES:

DATE: _____

ACO INITIALS: _____

INFO: _____

DATE: _____

ACO INITIALS: _____

INFO: _____

DATE: _____

ACO INITIALS: _____

INFO: _____
