

Town of Seekonk Animal Control / Shelter
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ADOPTION APPLICATION

PLEASE READ CAREFULLY BEFORE SUBMITTING

If you rent your home, we require a landlord permission in writing allowing you to adopt the specific species of pet you are applying for. If you live with your parents, you need to provide us with written permission to have this pet.

By submitting this application you understand that a representative from our organization will contact your current/previous veterinarian(s) to obtain previous medical records for all the animals listed to the applicant. We will contact all personal references listed as well. We reserve the right to an in home interview at the residence listed below at our discretion. Advance notice of home visits may or may not be given to you.

NAME _____ DATE _____

STREET/CITY/ZIP: _____

OF YEARS AT CURRENT ADDRESS _____ (IF LESS THAN 5 YRS, LIST PREVIOUS) DO YOU... OWN / RENT / LIVE WITH PARENTS

PREVIOUS ADDRESS _____

HOME PHONE _____ CELL / WORK PHONE _____

IF YOU RENT: LANDLORDS NAME _____ PHONE NUMBER _____

PLACE OF EMPLOYMENT _____ NUMBER OF YEARS AT PRESENT JOB _____

WHAT SPECIES OF PET ARE YOU APPLYING FOR? _____ PETS NAME _____

1. IF ADOPTING A DOG: (IF NOT ADOPTING A DOG SKIP TO NEXT SECTION)

DO YOU HAVE A FENCED YARD? _____

IF NO, HOW WILL YOU CONTAIN YOUR DOG OUTSIDE? _____

WHERE WILL THE DOG BE KEPT WHEN NO ONE IS HOME? _____

2. IF ADOPTING A CAT: (IF NOT ADOPTING A CAT SKIP TO THE NEXT SECTION)

WHERE WILL YOUR CAT BE KEPT WHEN NO ONE IS HOME? _____

WOULD YOU DECLAW YOUR CAT? _____

ARE YOU PLANNING ON LETTING YOUR CAT OUTSIDE EVENTUALLY? _____

HOW WOULD YOU RATE THE TRAFFIC ON YOUR STREET? **slow** ----- **medium** ----- **busy**

HOW MANY HOURS WILL YOUR PET BE LEFT ALONE PER DAY? _____ HAVE YOU EVER HAD A PET HIT BY A CAR? _____

HOW MANY CHILDREN RESIDE IN YOUR HOME? WHAT ARE THEIR AGES? _____

HAVE YOUR CHILDREN BEEN AROUND PETS BEFORE? _____

HOW OFTEN DO CHILDREN/GRANDCHILDREN VISIT YOUR HOME? _____ *days per week*

WHAT ARE THE SPECIES/AGES/NAMES OF THE PETS THAT YOU **CURRENTLY** OWN?

WHO IS YOUR CURRENT/PAST VETERINARIAN? _____

PHONE NUMBER _____ VETS ADDRESS _____

LIST THE PETS YOU HAVE **PREVIOUSLY** OWNED:

1. SPECIES / NAME/ AGE & YEAR OF DEATH _____

WHAT HAPPENED TO THEM? _____

2. SPECIES / NAME/ AGE & YEAR OF DEATH _____

WHAT HAPPENED TO THEM? _____

3. SPECIES / NAME/ AGE & YEAR OF DEATH _____

WHAT HAPPENED TO THEM? _____

HAVE YOU EVER HAD TO GIVE UP OWNERSHIP OF A PET AND IF YES THEN WHY?

IF YOU HAD TO MOVE FROM YOUR CURRENT RESIDENCE, WHAT WOULD YOU DO WITH THE PET YOU WANT TO ADOPT?

THREE REFERNCES ARE *REQUIRED* – TWO MUST BE *NON-RELATIVES*

1. FULL NAME _____ RELATIONSHIP _____

PHONE NUMBER _____ THIS REFERENCE KNOWS THAT I WOULD BE A GOOD PET OWNER

BECAUSE ... _____

2. FULL NAME _____ RELATIONSHIP _____

PHONE NUMBER _____ THIS REFERENCE KNOWS THAT I WOULD BE A GOOD PET OWNER

BECAUSE ... _____

3. FULL NAME _____ RELATIONSHIP _____

PHONE NUMBER _____ THIS REFERENCE KNOWS THAT I WOULD BE A GOOD PET OWNER

BECAUSE... _____

I CERTIFY THAT MY ANSWERS ARE TRUE AND CORRECT AND **I AM AT LEAST 21 YEARS OF AGE.**

SIGNATURE _____ TODAYS DATE _____