



Thomas J. O'Connor
Animal Control & Adoption Center

ADOPTION APPLICATION

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Thank you for considering the adoption of one of our wonderful animals. Understand that this can be a 10-15 year commitment to this animal. Our goal is to make the best possible match between people and animals. By filling out the questions below, will help us achieve the best possible match for you and your new companion.

Do you currently live in a: House _____ Apartment _____ Condo _____ Other _____

Do you currently: Rent _____ Own _____ Lease _____

How long have you lived at your current residence? _____

If you are not the owner of the property in which you reside, you are hereby giving permission to the Thomas J. O'Connor Animal Control and Adoption Center to verify your current pet policy.

Name of property owner _____ Phone Number _____

How many adults live in your home? _____ How many children? _____ Ages of children _____

Does anyone in your home have allergies to animals? _____

Who will be primarily responsible for this animal? _____

Is this animal a gift? Yes No If yes, for whom? _____

Which of the following reasons best describes your reasons for wanting this animal? (Check all that apply.)

Dog: Companion Guard dog/Watch dog Hunting Breeding Obedience dog
 Agility Jogging partner/Walking buddy Couch potato Companion for other pet

Cat: Companion Rodent control/mouser Barn\outdoor cat Breeding
 Lap cat Independent soul Companion for other pet

How many hours will the animal be left alone during the day? _____

Where will the animal be kept when no one is home? _____ At night? _____

Please list the animals you have had in the past 5 years, including current pets, and those you no longer have.

Name	Type of animal	Age	Sex	Still own? (if no, please explain)

Do you plan to spay/neuter (sterilize) the animal you are adopting? Yes No

Comments/concerns? _____

Do you have a veterinarian? Yes No Name of veterinarian/clinic _____

Are resident pets current with vaccines and licensing (if applicable)? Yes No

Your adoption counselor will discuss the following with you:

- | | |
|-----------------------------|------------------------------|
| Adjustment to a new home | Health/veterinary care |
| Expense | Identification |
| Leash laws/licensing (dogs) | Housetraining/Litter box use |
| Exercise | Feeding |
| Problem behaviors | Training classes (dogs) |

Do you have any other questions or concerns about your new companion? _____

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of adopting a pet. I understand that the Thomas J. O'Connor Animal Control and Adoption Center has the right to deny my request to adopt an animal, and I authorize the investigation of all statements in the application.

Signature _____ Date _____

For Office Use Only:	
Adoption Counselor _____	Animal # _____
Approved _____	Denied _____
Pending _____	Reason _____
Landord Contact: _____	Comments _____
ID Verified: Type _____	# _____