

<p><b>SCITUATE ANIMAL SHELTER</b>  <b>PO Box 823</b>  <b>Scituate, MA 02066 781-545-8703</b></p>	<p><b><i>For Shelter Use Only</i></b>                  Adoption counselor: _____                  Date application received: _____                  Application status: _____                  References checked: _____                  Date of approval / denial: _____</p>
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Please provide the following information in order to assist us in determining whether there is a good match between you and the dog you have selected. There are no right or wrong answers to these questions. They are designed to help us accomplish our primary goal of placing the dog in the best possible matching home.

**Name:** \_\_\_\_\_ **Spouse/Partner/Roommate:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Age:** Over 21? Yes  No  If no, what age are you? \_\_\_\_\_

**Which dog are you interested in adopting:**  
**Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_  
**Have you owned this type of dog before:** Yes  No   
**Who is this pet for:** \_\_\_\_\_  
**Explain briefly why you want this dog (e.g. Guard dog, breeding, hunting etc):** \_\_\_\_\_  
 \_\_\_\_\_

**Please provide the following information with respect to your home:**  
**Do you live in a:**  Single-family house  Multi-family house  Apt.  Condo/Duplex  Mobile home  
 Public housing  With parents  Student residence  Other (specify) \_\_\_\_\_  
**How long have you lived at this address:** \_\_\_\_\_ **How many times have you moved in the past 5 years?** \_\_\_\_\_  
**Do you:**  own  rent **If you rent, have you obtained permission to have this pet?** Yes  No   
**Are you planning a move in the near future:** Yes  No  **How long were you at your previous residence?** \_\_\_\_\_  
**Did you have a dog at that residence?** \_\_\_\_\_  
**How many people live in your home:** Adults \_\_\_\_\_ Children \_\_\_\_\_ Children's ages: \_\_\_\_\_  
**Does anyone in your home have allergies:** Yes  No   
**Are the other members of your home aware of and in favor of you adopting this pet?** Yes  No

**Please tell us about your plans for the dog:**  
**Who will have primary responsibility for the dog's day-to-day care (feeding, walking, grooming):**  
 \_\_\_\_\_  
**Who will have the primary financial responsibility for the dog (veterinary care, licensing, food):**  
 \_\_\_\_\_  
**If the dog you've chosen is too young to be sterilized, do you agree to sterilize it after adoption?** Yes  No   
**Do you agree to assume financial responsibility for the surgery - it may cost as much as \$300?** Yes  No   
**You agree that if you do not sterilize the animal, SAS has the right to reclaim the animal?** Yes  No   
**Please describe the activity level of your home:** \_\_\_\_\_  
**How will your new dog spend its days? (check a box for everything which applies)**  
 Indoors  Crated  Basement  Garage  Porch  Fenced Yard  Loose unfenced  Tied outside  
 Dog house  Kennel run  Other (please specify) \_\_\_\_\_  
**How will your new dog spend its nights? (check a box for everything which applies)**  
 Indoors  Your bedroom  Kitchen  Crated  Basement  Garage  Porch  Fenced Yard  
 Loose unfenced  Tied outside  Dog house  Kennel run  Other (please specify) \_\_\_\_\_  
**On average, how many hours each day will the dog be:** Alone: \_\_\_\_\_ With you & your family: \_\_\_\_\_

Do you travel frequently? Yes  No  If yes, what are your plans for caring for your dog while you are away? \_\_\_\_\_

How long a period are you willing to allow for the dog to adjust to your home: \_\_\_\_\_

If you could not keep this pet for any reason, what would you do? \_\_\_\_\_

Would you allow a Scituate Animal Shelter representative to do a home check? Yes  No

Dogs can live 10 to 16 years, are you prepared to take responsibility for the pet's entire life? (Please consider issues such as moving, children, planning to have children, teenagers off to college?) Yes  No

Often you may have to separate new pets from existing ones in order to introduce them in a gradual manner.

Can this be done at you home? Yes  No  Do you need advice/tips on how to do this? Yes  No

Have you ever adopted a pet from the Scituate Animal Shelter before? Yes  No  If yes, please tell us under what name you adopted and whether you still have the pet: \_\_\_\_\_

Have you ever brought a pet to a shelter? Yes  No  If yes, please explain the circumstances: \_\_\_\_\_

Since many shelter animals have unknown medical histories, are you prepared to provide and pay for any necessary medical treatment that may occur in the future? Yes  No

**Please tell us about each of the pets you currently have:**

Type (dog/cat/other)	Breed	Neutered (Yes/No)	Kept where (House/yard/garage basement/shed/barn)	Length of Ownership	Age	Personality (high energy/mellow dominant/timid)	Obedience Trained (Yes/No)
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____

(Please attach additional sheets if you have additional pets or need more room)

**Please tell us about any other pets that you have owned within the last 10 years:**

Type(dog/cat/other)	Breed	Length of Ownership	What happened to the pet
1. _____	_____	_____	_____
2. _____	_____	_____	_____

(Please attach additional sheets if you had additional pets or need more room)

**Please tell us how to contact your veterinarian(s) for a reference:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Pets Name(s) \_\_\_\_\_  
What name is the pet listed under? (i.e. maiden name, partners name) \_\_\_\_\_

**Please provide information on your employer, landlord & personal references below:**

Employer's name: \_\_\_\_\_ Length of Time at this position \_\_\_\_\_  
Employer's phone #: \_\_\_\_\_  
Landlord's name: \_\_\_\_\_ Tel: \_\_\_\_\_  
Name of personal reference: \_\_\_\_\_ Tel: \_\_\_\_\_

**I understand the above questions and authorize investigation of all statements contained in this application. I give the Scituate Animal Shelter permission to contact my references, veterinarian(s), and landlord to verify said statements. I understand that misrepresentation or omission of facts called for is cause for denial of adoption. Further, by signing below I hereby acknowledge that I have read the terms of the Adoption Agreement set forth on the last page of this form and agree to be bound by all such terms in the event that this application is approved by Scituate Animal Shelter.**

Signature \_\_\_\_\_

Date \_\_\_\_\_