

**SCITUATE ANIMAL SHELTER**  
**780 Chief Justice Cushing HW**  
**Scituate, MA 02066**  
**Phone: 781-544-4533 Fax: 781-544-4535**

*For Shelter Use Only*  
 Adoption counselor: \_\_\_\_\_  
 Application status: \_\_\_\_\_  
 References checked: \_\_\_\_\_  
 Date of approval / denial: \_\_\_\_\_

**Please provide the following information in order to assist us in determining whether there is a good match between you and the pet 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 pet in the best possible matching home.**

Name: \_\_\_\_\_ Spouse/Partner/Roommate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Age: Over 21?    Yes     No

**Which animal are you interested in adopting:**  
 Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Have you owned this type of animal before:    Yes     No   
 Who is this pet for: \_\_\_\_\_  
 Explain briefly why you want this pet (i.e. breeding, gift, family pet 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  
 How long have you lived at this address: \_\_\_\_\_  
 Do you     own     rent  
 If you rent, please list name and number for owner: \_\_\_\_\_

If you rent, have you obtained permission to have this pet prior to coming here?    Yes     No

Are you planning a move anytime soon?    Yes     No     How many times have you moved in the past 5 years? \_\_\_\_\_

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 pet:**

Who will have primary responsibility for the pet's day-to-day care (feeding, grooming, litter box cleaning, etc.):  
 \_\_\_\_\_

Who will have the primary financial responsibility for the pet (veterinary care, food, etc.):  
 \_\_\_\_\_

If the pet 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 pet spend its days? (*check a box for everything which applies*)  
 Indoors     Basement     Porch     Yard     Indoor Enclosure     Outside Enclosure     Other \_\_\_\_\_

How will your new pet spend its nights? (*check a box for everything which applies*)  
 Indoors     Basement     Garage     Porch     Indoor Enclosure     Outside Enclosure     Other \_\_\_\_\_

On average, how many hours each day will the pet be alone:  
 \_\_\_\_\_

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

How long a period are you willing to allow for the pet 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

Pets can live 15 to 20 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

You may have to separate new pets from existing ones in order to introduce them in a gradual manner. Can this be done at your 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<br>( <i>cat/dog/other</i> ) | Breed | Neutered<br>Yes/No | Kept where<br>House/yard/garage<br>basement/shed/barn | Length of<br>Ownership | Age   | Personality<br>( <i>high energy/mellow<br/>dominant/timid</i> ) |
|----------------------------------|-------|--------------------|---|------------------------|-------|---|
| 1. _____                         | _____ | _____              | _____   | _____                  | _____ | _____   |
| 2. _____                         | _____ | _____              | _____   | _____                  | _____ | _____   |
| 3. _____                         | _____ | _____              | _____   | _____                  | _____ | _____   |
| 4. _____                         | _____ | _____              | _____   | _____                  | _____ | _____   |
| 5. _____                         | _____ | _____              | _____   | _____                  | _____ | _____   |

(please add additional sheets if you need more room)

**Please tell us about any pets that you don't have currently but had within the last 10 years:**

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

(please add additional sheets if you need more room)

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ What Name is the pet listed under \_\_\_\_\_

**Please provide your employment information & personal references below:**

Employer's name \_\_\_\_\_ Length of Time at this position \_\_\_\_\_

Employer's phone #: \_\_\_\_\_ \*\* Please note, we do not ask any personal information of your employer and only need to know that you can financially support owning an animal.\*\*

Name of personal reference: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**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, and/or 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 \_\_\_\_\_