

<p><b>SCITUATE ANIMAL SHELTER</b>  <b>780 Chief Justice Cushing Highway</b>  <b>Scituate, MA 02066 781-544-4533</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? \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Which dog are you interested in adopting:**  
**Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_  
**Have you owned a dog before:** Yes  No  **What Breed** \_\_\_\_\_ **How long ago?** \_\_\_\_\_  
**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 to pets:** 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:**  
**Do you have an electric fence?** Yes  No  **Is the dog allowed outside alone?** Yes  No   
**Do you have a fenced yard (secure on all 4 sides)?** Yes  No  **What type and Height?** \_\_\_\_\_  
 If you do **not** have a fence, please state how you plan to restrain your dog (i.e. tied out, dog house, free roaming etc):  
 \_\_\_\_\_  
**Do you currently leash walk your dog.** Yes  No  If so, how often? Daily  Weekly  Less than weekly  Never (have a fenced yard)  If you walk your dog, on average how far do you walk him? \_\_\_\_\_  
**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 \$500? 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  Electric Fence  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?* \_\_\_\_\_

**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 15 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:* \_\_\_\_\_

**Have you ever had an animal surgically altered? (i.e. Declawed, debarked, ears cropped, etc):** If yes, please describe the procedure & reason why: \_\_\_\_\_

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

Type <i>(dog/cat/other)</i>	Breed	Neutered <i>(Yes/No)</i>	Kept where <i>(House/yard/garage basement/shed/barn)</i>	Length of Ownership	Age	Personality <i>(high energy/mellow dominant/timid)</i>	Obedience Trained <i>(Yes/No)</i>
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 <i>(dog/cat/other)</i>	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(not related to you): \_\_\_\_\_ 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.**

Signature \_\_\_\_\_ Date \_\_\_\_\_