

<p>SCITUATE ANIMAL SHELTER 780 Chief Justice Cushing Highway Scituate, MA 02066 Phone: 781-544-4533 Fax: 781-544-4535</p>	<p><i>For Shelter Use Only</i> Adoption counselor: _____ Date application received: _____ Application status: _____ References checked: _____ Date of approval / denial: _____</p>
--	--

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 _____