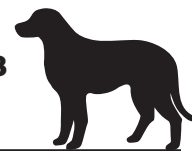




DOG ADOPTION APPLICATION

SCITUATE ANIMAL SHELTER • (401) 647-7200 • FAX (401) 764-5768
106 GEORGE WASHINGTON HIGHWAY, CLAYVILLE, RHODE ISLAND



PLEASE NOTE! The PDF version of this form can be completed digitally and emailed back to the volunteer who sent it to be submitted on your behalf, or to Scituatepound1@juno.com. If you send the form to the shelter email, please follow up with a phone call to be sure we download your application. **Only Scituate Animal Control can approve adoptions.**

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Please indicate if you are interested in a particular dog: Name or log no. _____

Where will this dog be kept: Mostly Inside Mostly Outside

If it is to be kept outside, what kind of shelter will be provided, and what kind of containment?

Have you previously owned a dog? Yes No

If yes, where is it now? _____

Approximately how many hours per day will the dog be alone? _____

Do you: Own a home Rent Live with parents Other

Name and phone of landlord/homeowner (if applicable): _____

Are there other animals in the home? Yes No If yes, how many?: Dogs: _____ Cats: _____

Are your other animals spayed/neutered? Yes No Are they current on vaccinations? Yes No

Name/phone of your current/previous veterinarian (if you have other pets, name and number of the vet who most recently vaccinated your pets): _____

PLEASE NOTE! Many vets now extend privacy protection to their clients, and will not provide information unless you give them permission to do so. It will save time if you call your vet first and grant permission to speak to us.

Are there children in the home? Yes No If yes, please provide their ages: _____

Do you agree to follow-up calls/visits from shelter personnel (or their representatives)? Yes No

- I understand that dogs need a consistent schedule of vaccinations, de-fleaing and de-worming, heartworm and other tests, and heartworm prevention medicines.
- I understand that Scituate Animal Control has the right to deny any application.
- I understand that Scituate Animal Control reserves the right to confiscate any animal involved if any information on this application is found to be false.
- I understand that shelter animals have unknown medical backgrounds, and Scituate Animal Shelter cannot guarantee the health or behavior characteristics of an adopted animal.

Signature: _____ Date: _____