

# DOG ADOPTION APPLICATION



**SCITUATE ANIMAL SHELTER • (401) 647-7200 • FAX (401) 764-5768**  
**PHYSICAL ADDRESS: 106 George Washington Highway, Clayville, RI**  
**MAIL ADDRESS: Scituate Animal Shelter, PO Box 4, Clayville RI 02815**



**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 [scituateanimalcontrol@scituatepd.org](mailto:scituateanimalcontrol@scituatepd.org). 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 ownership of your residence:  I own the residence  I rent  I live with parents/other  
*If you are not the legal owner of the home you live in, you must provide name and phone property owner/manager:*

\_\_\_\_\_

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

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

Dog's habitat will be:  Mostly Inside  Mostly Outside *If mostly outside, please describe the type of containment you will use:* \_\_\_\_\_

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

Have you previously owned a dog?  Yes  No *If yes, is the dog still living with you?*  Yes  No  
*If no longer with you, please briefly explain what happened to your dog:* \_\_\_\_\_

\_\_\_\_\_

Are there other animals in the home?  Yes  No *If yes, how many?:* Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_  
*If yes, are the animals spayed/neutered?*  Yes  No *If yes, are they current on vaccinations?*  Yes  No  
*Please list names, breed/mix, gender and ages of any dogs you currently have:*

\_\_\_\_\_

Name and phone of the veterinarian who most recently examined or treated your previous or current pet(s): \_\_\_\_\_

\_\_\_\_\_

**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.*

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, and 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 Control cannot guarantee the future health or behavior of an adopted animal.*

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

PDF USERS: IF YOU ARE HAVING PROBLEMS INSERTING A DIGITAL SIGNATURE, YOU MAY SIGN THE FORM WHEN YOU VISIT THE SHELTER. 0818

**SCITUATE ANIMAL CONTROL, SCITUATE POLICE DEPARTMENT, 116 MAIN STREET, HOPE, RI 02831**