

ADOPTION APPLICATION

Woodbridge Municipal Animal Control
135 Bradley Road • Woodbridge, CT 06525
OFFICE: (203) 389-5991

ANIMAL YOU ARE APPLYING FOR _____

Today's Date: _____

EACH ADOPTION APPLICATION IS REVIEWED FOR SUITABILITY PRIOR TO PLACEMENT, APPLICANTS MUST BE 18 YEARS OF AGE OR OLDER. PHOTO IDENTIFICATION IS REQUIRED. ANY APPLICATION WHICH IS INCOMPLETE, OR CONTAINS FALSE INFORMATION, WILL NOT BE CONSIDERED. IF YOUR APPLICATION IS SELECTED, YOU MUST SIGN AN AGREEMENT WHICH RELEASES THE TOWNS OF ALL LIABILITY. APPLICANTS ACCEPT SOLE RESPONSIBILITY FOR COMPLYING WITH THEIR LEASE OR RENTAL STIPULATIONS.
ALL PLACEMENTS ARE AT THE DISCRETION OF THE ANIMAL CONTROL OFFICERS.

NAME _____ HOME PHONE _____

STREET _____ CITY _____ STATE _____ ZIP _____

DOB ____ / ____ / ____ PLACE OF EMPLOYMENT _____

Who will be directly responsible for feeding and care of the animal? _____

How long have you lived at the present address? _____ Do you own? _____

Rent? _____ Landlord's Name _____ Phone # _____

Do you have a yard? _____ Is your yard fenced? _____ What kind? _____

Have you owned a pet before? _____ What kind? _____ How Long? _____

What happened to your last pet? _____

Are there children in the household? _____ Ages? _____

Other animals in household? ____ Yes ____ No If yes, what kind? _____

Veterinarian's Name / Address: _____

Will your pet sleep indoors? _____ How many hours a day will your pet be alone? _____

Where will your pet be kept while you are away? _____

Can you afford the medical expenses? _____ Do you agree to provide all necessary medical care? _____

Will you spay or neuter your pet? _____ Before or after a litter? _____

Do you agree to assume all responsibility and/or liability for this adopted animal? _____

Will you agree to make arrangements for your pet in the event you are unable to care for him/her? _____

THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

SIGNATURE _____ DATE _____

APPLICATION
REVIEWED BY:

STATUS:

DATE: