

Application to Adopt a Dog

Name:		Date:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Home Address:		Apt. #
City:	State:	Zip:

Name of animal you would like to adopt:	
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What is your occupation?		Spouse/Partner's Occupation:	
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Do you live with:	<input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> Roommate	<input type="checkbox"/> Parents	<input type="checkbox"/> Alone
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What are your current living arrangements?	<input type="checkbox"/> House	<input type="checkbox"/> Apt	<input type="checkbox"/> Condo	<input type="checkbox"/> Trailer
How long have you lived at this address?		How long do you plan to live at this address?		

Do you rent or own?	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
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If you rent, does your lease allow pets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Please provide contact information for your landlord:

Name:		Phone:
Address:		Apt. #
City:	State:	Zip:

In what type of setting is your home located?	<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Rural
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What veterinarian will you use for this pet?

Name:	Phone:
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Does your municipality have breed specific restrictions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Sure
If YES, please describe restrictions:			

Do you currently own any other pets or are there any other pets living in your home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Name of pet:	Type of Animal/Breed:	Age:	Gender:	Altered?	Declawed?
1.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

How were these pets acquired?
1.
2.

What veterinarian are you currently using for these pets?	
Name:	Phone:
Whose name is listed on the veterinary records?	

Other than your current pets, have you owned any other animals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If YES, please fill out all of the information below for each pet:
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Breed:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Altered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Weight:	Numbers of years you had pet:		How was pet acquired?	
Cause of death:	<input type="checkbox"/> Old Age	<input type="checkbox"/> Fatal Disease	<input type="checkbox"/> Other	At what age did pet die?
<input type="checkbox"/> Gave pet to friends, relatives, or acquaintances		<input type="checkbox"/> Sold pet to friends, relatives, or acquaintances		
<input type="checkbox"/> Was hit by a car		<input type="checkbox"/> Was stolen		<input type="checkbox"/> Disappeared/Lost
Please specify what happened:				

Breed:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Altered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Weight:	Numbers of years you had pet:		How was pet acquired?	
Cause of death:	<input type="checkbox"/> Old Age	<input type="checkbox"/> Fatal Disease	<input type="checkbox"/> Other	At what age did pet die?
<input type="checkbox"/> Gave pet to friends, relatives, or acquaintances		<input type="checkbox"/> Sold pet to friends, relatives, or acquaintances		
<input type="checkbox"/> Was hit by a car		<input type="checkbox"/> Was stolen		<input type="checkbox"/> Disappeared/Lost
Please specify what happened:				

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Do you have a yard?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is it chemically treated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How big is it?		Is the yard completely fenced in?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What type of fencing do you have?			
Do you have a pulley cable?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Approximate Length:	
Do you have a kennel run?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Approximate dimensions:	

If you do NOT have a fenced yard, cable, or kennel run, how will exercise/toilet be handled?

How many ADULTS live in your home?		Ages:	
How many CHILDREN live in your home?		Ages:	

Does anyone in your house have allergies to animals?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does anyone in your house have asthma?	<input type="checkbox"/> YES <input type="checkbox"/> NO

What is the noise/activity level of your household?	<input type="checkbox"/> Quiet <input type="checkbox"/> Moderate <input type="checkbox"/> Active <input type="checkbox"/> Very Active
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Who will be responsible for the care and training of the animal?	
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What is your experience with dogs?	<input type="checkbox"/> First Time Owner	<input type="checkbox"/> Had dogs growing up
	<input type="checkbox"/> Have owned one or two dogs	<input type="checkbox"/> Experience dog owner
If you have children, please describe their experience with dogs:		

Do children visit your home often?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, what are their ages?	
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Is anyone home during the day?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, who?	
If NO, how many hours a day will the animal be left alone?	

Where will the dog be kept during the day?	
Where will the dog be kept at night?	
Where will the pet sleep?	

Will you crate the dog?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, please explain:	

Have you ever experienced behavior or training problems with a pet?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, please explain the issues and how they were resolved:			

Do you plan to train your dog?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If NO, why not?			

What will you do if your dog is destructive?

What is your definition of disciplining a dog? (Please provide examples)

Have you ever surrendered a pet?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, please explain the circumstances:			

If for any reason you cannot keep a Simon Foundation adopted dog, do you agree to return it to The Simon Foundation, Inc.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Would you be willing to have an initial in-home visit or follow-up visit by a representative of The Simon Foundation, Inc. if The Simon Foundation, Inc. deems it necessary?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you willing and able to accept full and immediate responsibility for the ownership of a dog, including all health care costs and necessary burdens and responsibilities of owning a dog?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you willing to seek and begin immediate training if behavioral issues arise within days of taking ownership of the dog?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If NO, why not?		

How did you hear about The Simon Foundation, Inc.?



203-266-6000

thesimonfoundation.org

120 Rescue Lane
Bloomfield, CT 06002-1315

Dog Adoption Agreement

PLEASE NOTE: The Simon Foundation, Inc. reserves the right to approve or deny any application according to our adoption policies, and in our best effort to find good homes for the long-term well being of our animals.

I hereby affirm that I have answered the above questions completely and truthfully. I give my permission for The Simon Foundation, Inc. to contact the landlord, veterinary and personal references I have provided, and I give permission for these references to release any information they deem relevant to the adopt of an animal from The Simon Foundation, Inc.

Signature of Applicant

Date

References: Please list two (2) references who are not family members.

1.

Name:

Home Phone:

Work Phone:

Cell Phone:

Relationship:

2.

Name:

Home Phone:

Work Phone:

Cell Phone:

Relationship:

Please provide a veterinary reference:

Name:

Phone:

Address:

City:

State:

Zip: