



West Haven Animal Shelter

7 Collis Street West Haven, CT

203-937-3642



Adoption Application

Filling out this application **DOES NOT** automatically approve you for an animal or put a "hold" on an animal.

In order to be considered for an adoption you must:

- Be 18 years of age or older
- Have knowledge and consent of all adults in your household
- Have landlord's consent to bring an animal onto the property to live.
- Understand the West Haven Animal Control has the right to deny your application without notification or explanation.

This form is to ensure that the animal and the potential adopters are compatible. Incomplete forms or false information may result in the rejection of this application.

Applicant's Name:	
Email Address:	
Preferred Phone Number:	
Animal Interested in:	

Do not write below, Office Use Only

Date Received:	Time Received:		
Approved?	Approved	Denied	Date:
Notes:	ACO Reviewing App:		
	Signature:		

Animal Name and Impound Number (if known, if no specific animal in mind, leave blank)			
How did you find out about this animal (if no specific animal, leave blank)			
Why do you want this particular animal?			
Name		Birth Date	
Spouse's/Partner's Name		Birth Date	
Address		City, State	Zip
Telephone:	Home	Cell	Work
Place of Employment		Occupation	Hours Weekly
How many adults are living in the home, other than yourself and your spouse?			
Please list the legal names and DOB for all legal adults in the home (other than spouse):			
How many minor children are in the home?		Please list all the ages of the minor children:	
Are <u>all members</u> of the household aware and in agreement with adopting a new pet? (please circle)		Yes No	
Will This be the first pet you've owned? (please circle)		Yes No	
Do you RENT or OWN your home? (please circle)	Rent	Own	
How many years have you lived at your current address?			
Do you live in a: (please circle)	House Condo	Apartment Townhouse	Other (please specify)
If you RENT you MUST provide the name and telephone number of your landlord. Failure to disclose will be cause for denial.	Landlord's Name:	Telephone:	

Please give us two personal references and the name of your current veterinarian.
 If you don't currently have a veterinarian, please list the name of the vet you previously used.
 (If this is your first pet, please write n/a)

Reference Name:	Reference Phone Number:	Relationship to you:
1)		
2)		
Veterinarian's Name/Practice:	Address:	Phone Number:

Tell us about your experience with companion animals. (If no experience leave this section blank)

Name:	Breed	Age (or age when deceased):	Spayed/Neutered?	On Heartworm/Flea Prevention?	Still Own?
1)					
2)					
3)					
4)					

Please tell us about your daily schedule as it pertains to your pet.
 Which hours of the day will your pet be routinely left alone?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What is your preferred energy level for a pet?	
Tell us about any preferences you have in a pet (size, weight, breed, sex etc.)	
Describe your lifestyle (homebody, active, friends over, like to go on vacations frequently etc.)	
Is anyone in your household allergic to animals?	

Dog Specific Questions

Do you have a fenced in yard?	Yes	No
If yes, please describe the height and type of fence:		
Where do you plan on keeping your pet the majority of the time?		
Where will your pet sleep at night?		
When <u>outside</u> how do you plan on keeping your pet contained?		
When you are <u>away from home</u> , where do you plan on keeping your pet?		

Cat Specific Questions

Will this cat be an Indoor or Outdoor Cat?		
Do you plan to de-claw this cat?	Yes	No
If yes, then why?		

By submitting this application, you are agreeing to follow the Connecticut General Statutes as they pertain to animal ownership.

- Every animal leaves WHAS custody with a current rabies vaccination. By adopting the animal from us, you agree to keep the animal up to date with rabies vaccinations per CGS #22-339(b)
- Every dog that gets a rabies vaccine from us receives a rabies tag. By adopting from us, you agree to keep it's rabies tag and license fixed to its collar/harness per CGS #22-341
- All dogs must be licensed in the town in which you live. By adopting from us, You agree to license your dog with your town per CGS #22-349
- Dogs are not allowed to roam in the state of Connecticut. By adopting from us, You agree to not allow your dog to roam per CGS #22-364(a)

Adoption Agreement

Initial

1. I understand that West Haven Animal Control will be running background checks on myself and any adults living in my household to ensure the safety of the animal being placed into my home.

Initial

2. I authorize the investigation of all information and statements on this form, and understand that misrepresentation or omission of facts is cause for denial of my application.

Initial

3. I understand the State of Connecticut Animal Laws and Statutes, and will comply with those laws and statutes to the best of my abilities.

Initial

4. I understand that this application is not approved until it is reviewed by the Animal Control Officers.

Initial

5. I attest that all information provided on this application is true to the best of my knowledge.

Initial

6. By signing this form, I attest that I am at least 18 years of age and intend to be the legal owner and person responsible for the care and well-being for the animal that I adopt.

Initial

7. If I can no longer keep this animal, I agree to return it to the care and custody of the West Haven Animal Shelter.

Your Signature:

Printed Name:

Date: