

Pet Adoption Application

Windsor Animal Control
970 Marshall Phelps Rd, Windsor, CT 06095
Ph# 860-688-5273 / Fax# 860-683-2862

Application is the first step of the adoption process. Please provide complete and accurate information. Time necessary to verify the information provided will differ from case to case; a minimum of 24 hours is required for processing. Multiple applications for the same animal are evaluated on a first come - first served basis.

****Filing an application does not guarantee approval for adoption****
**** You must be 21 years of age to adopt an animal from this facility****
****No third party applications will be accepted****

Pound #:	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Description:
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Applicant(s) Information - Please PRINT all information

Name:	Birthdate:	License#:
Address:		Town:
State:	Zip:	Phone#:
Email:		Work/Cell#:
Co-Applicant Name:		Have you been investigated by any Animal Control Agency or Humane Society for a problem with your animals? If Yes, Explain:

Household/Residence Information

Age of all adults living at residence:	Age of all minors living at residence:
Age of Minors that visit the residence on a regular basis:	
If you own other dogs or have young children, will you be able to bring them in for a meet and greet?	
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family Who Owns Home	
Type of Residence: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium	
If you rent: Do you have permission from your landlord to own a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord's Name:
	Landlord's Phone #:

****A written statement of approval signed by your landlord will be required****

Animal Care Information

Do you own any other animals: <input type="checkbox"/> Yes <input type="checkbox"/> No	List number / breed / species of other pets:
Are current pets spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are current dogs licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Where will this animal be kept during the day?	
Where will this animal be kept during the night?	
If you will be keeping this animal outdoors, how many hours will it be left out?:	
How will this animal be kept under control and safe when left outside?	
<input type="checkbox"/> Fenced yard <input type="checkbox"/> Cable Run <input type="checkbox"/> Walked / Leash <input type="checkbox"/> Kennel <input type="checkbox"/> Other _____	
How many hours a day will animal be left alone at home?:	How will your dog be trained?
Current Veterinarian's Name:	Phone #: