## **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\*\*

Applicant(s) Information - Please PRINT all information  Name:	Pound #:	Species: □ Dog	; □ Cat	□ Ot	her Description	:		
Name:								
Address:								
Zip:	Name:			Birthdate:		License#:		
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	Address:				Town:		State:	
Household/Residence Information  Age of all adults living at residence:   Age of all minors living at residence:   Apartment in for a meet and greet?   Do you own Apartment   Condominium   If you rent: Do you have   Landlord's Name:   Landlord's Phone #:   Animal Care Information   List number / breed / species of other pets:   Animal Care Information   List number / breed / species of other pets:   Are current pets spayed/neutered?   Yes   No   Are current dogs licensed:   Yes   No   Are current dogs licensed:   Yes   No   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 during the night?   How will your dog be trained?   Other   How will your dog be trained?	±	one#:						
Age of all adults living at 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:   Own   Rent   Live with Family Who Owns Home  Type of Residence:   Single Family   Duplex   Multi-Family   Apartment   Condominium  If you rent: Do you have permission from your landlord to own a pet?   Yes   No    **A written statement of approval signed by your landlord will be required**  Animal Care Information  Do you own any other animals:   Yes   No   List number / breed / species of other pets:  Are current pets spayed/neutered?   Yes   No   Are current dogs licensed:   Yes   No   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?   Fenced yard   Cable Run   Walked / Leash   Kennel   Other    How many hours a day will animal   How will your dog be trained?	11							
Age of all adults 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:  Own Rent Live with Family Who Owns Home  Type of Residence:  Single Family Duplex Multi-Family Apartment Condominium  If you rent: Do you have permission from your landlord to own a pet? Yes No  **A written statement of approval signed by your landlord will be required**  Animal Care Information  Do you own any other animals: Yes No Are current dogs licensed: Yes 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?  Fenced yard Cable Run Walked / Leash Kennel Other  How many hours a day will animal How will your dog be trained?								
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be left alone at home?:  Current Veterinarian's Name:  Phone #:								