

Town of Seekonk Animal Control / Shelter  
100 Peck Street, Seekonk, MA. 02771      PHONE: 508-336-6663  
EMAIL: shall@seekonk-ma.gov  
Sharonlynn Hall A.C.O.

## **ADOPTION APPLICATION**

### **PLEASE READ CAREFULLY BEFORE SUBMITTING**

If you rent your home, we require a landlord permission in writing allowing you to adopt the specific species of pet you are applying for. If you live with your parents, you need to provide us with written permission to have this pet.

By submitting this application you understand that a representative from our organization will contact your current/previous veterinarian(s) to obtain previous medical records for all the animals listed to the applicant. We will contact all personal references listed as well. We reserve the right to an in home interview at the residence listed below at our discretion. Advance notice of home visits may or may not be given to you.

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NAME \_\_\_\_\_ DATE \_\_\_\_\_

Street/Town: \_\_\_\_\_

# OF YEARS AT CURRENT ADDRESS \_\_\_\_\_ (IF LESS THAN 5 YRS, LIST PREVIOUS) DO YOU... OWN / RENT/ LIVE WITH PARENTS

PREVIOUS ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL / WORK PHONE \_\_\_\_\_

IF YOU RENT: LANDLORDS NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_ NUMBER OF YEARS AT PRESENT JOB \_\_\_\_\_

WHAT SPECIES OF PET ARE YOU APPLYING FOR? \_\_\_\_\_ PETS NAME \_\_\_\_\_

1. IF ADOPTING A DOG: (IF NOT ADOPTING A DOG SKIP TO NEXT SECTION)

DO YOU HAVE A FENCED YARD? \_\_\_\_\_

IF NO, HOW WILL YOU CONTAIN YOUR DOG? \_\_\_\_\_

WHERE WILL THE DOG BE KEPT WHEN NO ONE IS HOME? \_\_\_\_\_

2. IF ADOPTING A CAT: (IF NOT ADOPTING A CAT SKIP TO THE NEXT SECTION)

WHERE WILL YOUR CAT BE KEPT WHEN NO ONE IS HOME? \_\_\_\_\_

WOULD YOU DECLAW YOUR CAT? \_\_\_\_\_

ARE YOU PLANNING ON LETTING YOUR CAT OUTSIDE EVENTUALLY? \_\_\_\_\_

HOW WOULD YOU RATE THE TRAFFIC ON YOUR STREET?    **slow** ----- **medium** ----- **busy**

HOW MANY HOURS WILL YOUR PET BE LEFT ALONE PER DAY? \_\_\_\_\_ HAVE YOU EVER HAD A PET HIT BY A CAR? \_\_\_\_\_

HOW MANY CHILDREN RESIDE IN YOUR HOME AND WHAT ARE THEIR AGES? \_\_\_\_\_

HAVE YOUR CHILDREN BEEN AROUND PETS BEFORE? \_\_\_\_\_

HOW OFTEN DO CHILDREN/GRANDCHILDREN VISIT YOUR HOME? \_\_\_\_\_ *days per week*

WHAT ARE THE SPECIES/AGES/NAMES OF THE PETS THAT YOU **CURRENTLY** OWN?

\_\_\_\_\_  
\_\_\_\_\_

WHO IS YOUR CURRENT VETERINARIAN? \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ VETS ADDRESS \_\_\_\_\_

LIST THE PETS YOU HAVE **PREVIOUSLY** OWNED:

1. SPECIES / NAME/ AGE OF DEATH \_\_\_\_\_

WHAT HAPPENED TO THEM? \_\_\_\_\_

2. SPECIES / NAME/ AGE OF DEATH \_\_\_\_\_

WHAT HAPPENED TO THEM? \_\_\_\_\_

3. SPECIES / NAME / AGE OF DEATH \_\_\_\_\_

WHAT HAPPENED TO THEM? \_\_\_\_\_

HAVE YOU EVER HAD TO GIVE US OWNERSHIP OF A PET AND IF YES THEN WHY? \_\_\_\_\_

IF YOU HAD TO MOVE FROM YOUR CURRENT RESIDENCE, WHAT WOULD YOU DO WITH THE PET YOU WANT TO ADOPT?

\_\_\_\_\_

**THREE REFERNCES ARE REQUIRED - TWO MUST BE NON-RELATIVES**

1. FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ THIS REFERENCE KNOWS THAT I WOULD BE A GOOD PET OWNER

BECAUSE ... \_\_\_\_\_

2. FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ THIS REFERENCE KNOWS THAT I WOULD BE A GOOD PET OWNER

BECAUSE ... \_\_\_\_\_

3. FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ THIS REFERENCE KNOWS THAT I WOULD BE A GOOD PET OWNER

BECAUSE... \_\_\_\_\_

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I CERTIFY THAT MY ANSWERS ARE TRUE AND CORRECT AND I AM **AT LEAST 21 YEARS OF AGE.**

SIGNITURE \_\_\_\_\_ TODAYS DATE \_\_\_\_\_