Town of Seekonk Animal Control / Shelter 100 Peck Street, Seekonk, MA. 02771 PHONE: 508-336-6663 EMAIL: jblake@seekonk-ma.gov

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.

NAME	DATE	
STREET/CITY/ZIP:		
# OF YEARS AT CURRENT ADDRESS (IF LESS THAN 5 YRS, LIS	T PREVIOUS) DO YOU OWN / RENT/ LIVE WITH PARENTS	
PREVIOUS ADDRESS		
HOME PHONECELL /	CELL / WORK PHONE	
IF YOU RENT: LANDLORDS NAME	PHONE NUMBER	
PLACE OF EMPLOYMENT	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 DO YOU HAVE A FENCED YARD? IF NO, HOW WILL YOU CONTAIN YOUR DOG OUTSIDE? WHERE WILL THE DOG BE KEPT WHEN NO ONE IS HOME?		
2. IF ADOPTING A CAT: (IF NOT ADOPTING A CAT SKIP TO THE N	EXT 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 EVENTUA	LLY?	
HOW WOULD YOU RATE THE TRAFFIC ON YOUR STREET? slow	v 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? WHAT ARE THE	CIR AGES?	

HAVE YOUR CHILDREN BEEN AROUND PETS BEFORE?

HOW OFTEN DO CHILDREN/GRANDO	HILDREN VISIT YOUR HOME?days per week	
WHAT ARE THE SPECIES/AGES/NAM	ES OF THE PETS THAT YOU CURRENTLY OWN?	
WHO IS YOUR CURRENT/PAST VETE	RINARIAN?	
PHONE NUMBER	VETS ADDRESS	
LIST THE PETS YOU HAVE PREVIOUS	LY OWNED:	
1. SPECIES / NAME/ AGE & YEA	R OF DEATH	
WHAT HAPPENED TO THEM?		
2. SPECIES / NAME/ AGE & YEA	R OF DEATH	
WHAT HAPPENED TO THEM?		
3. SPECIES / NAME/ AGE & YEA	R OF DEATH	
WHAT HAPPENED TO THEM?		
IF YOU HAD TO MOVE FROM YOUR CU	IRRENT RESIDENCE, WHAT WOULD YOU DO WITH THE PET YOU WANT	TO ADOPT?
THRE	E REFERNCES ARE REQUIRED - TWO MUST BE NON-RELATIVES	
1. FULL NAME	RELATIONSHIP	
PHONE NUMBER	THIS REFERENCE KNOWS THAT I WOULD BE A GO	OD PET OWNER
BECAUSE		
2. FULL NAME	RELATIONSHIP	
PHONE NUMBER	THIS REFERENCE KNOWS THAT I WOULD BE A GO	OD PET OWNER
BECAUSE		
3. FULL NAME	RELATIONSHIP	
PHONE NUMBER	THIS REFERENCE KNOWS THAT I WOULD BE A GO	OD PET OWNER
BECAUSE		
I CERTIFY THAT MY AN	SWERS ARE TRUE AND CORRECT AND I AM AT LEAST 21 YEARS OF AG	iE.
SIGNATURE	TODAYS DATE	