

# City of Easton Animal Control



## DOG ADOPTION APPLICATION (Please Print Clearly & Answer all Questions.)

Applicant's name \_\_\_\_\_ •Are you at least 18 years old?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Local Address \_\_\_\_\_ Apt# \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email \_\_\_\_\_

### DESCRIPTION OF RESIDENCE:

Do you Rent? \_\_\_\_\_ Own? \_\_\_\_\_  
 \_\_\_\_\_ House Property owner's name: \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Apartment How long have you lived here? \_\_\_\_\_  
 \_\_\_\_\_ Mobile-Home  
 \_\_\_\_\_ Duplex #Adults in house \_\_\_\_\_ #Children \_\_\_\_\_ Children's Ages \_\_\_\_\_

### WHAT PETS DO YOU CURRENTLY HAVE IN YOUR HOUSEHOLD?

KIND	SPAY/NEUTER	KEPT WHERE?	TIME OWNED	AGE
Dog_Cat_	Yes_ No_	In_ Out_	_____	_____
Dog_Cat_	Yes_ No_	In_ Out_	_____	_____
Dog_Cat_	Yes_ No_	In_ Out_	_____	_____
Other_	Yes_ No_	In_ Out_	_____	_____

### LIST PREVIOUS PETS

KIND	SPAY/NEUTER	KEPT WHERE?	TIME OWNED	WHAT HAPPENED TO PET
Dog_Cat_	Yes_ No_	In_ Out_	_____	_____
Dog_Cat_	Yes_ No_	In_ Out_	_____	_____

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Fenced Yard? Yes NO Height? Type?

- What is the name of your veterinarian? \_\_\_\_\_
- Veterinarian's address \_\_\_\_\_
- How long have you used this Vet? \_\_\_\_\_
- Who will be responsible for the daily care/feeding of this dog?  
\_\_\_\_\_
- Reason for wanting this dog? \_\_\_\_\_
- Where will you keep this dog? \_\_\_\_\_
- Where will you keep this dog when you TRAVEL? \_\_\_\_\_
- Do all members of this household *WANT* this dog? \_\_\_\_\_
- If you have young children, they need to be educated on how to interact with the dog in order to prevent dog bites, are you able/willing to do that? \_\_\_Yes \_\_\_No
- How long will you give this dog to adjust to its new home? \_\_\_\_\_
- How many hours will your dog spend alone? \_\_\_\_\_
- If you must give up this dog, what would you do with it? \_\_\_\_\_

What will you do if your dog shows destructive behavior? (Digging, chewing, jumping, tearing up plants/furniture or running off)

- Do you realize that you will probably have to housetrain your new puppy/dog?  
\_\_\_Yes\_\_\_No
- Would you like information on how to housetrain a new puppy or dog?  
\_\_\_Yes\_\_\_No
- If adopting an adult dog, how many times per day will you exercise it? 1 2 3
- What form of exercise will you provide for your dog? \_\_\_\_\_
- What form of **training** will you provide your dog?  
\_\_\_Obedience class \_\_\_Follow training books \_\_\_Professional training \_\_\_Home training
- Will you have your dog **SPAYED OR NEUTERED** within the **30 Day** time Frame? (A surgical operation to prevent parenthood for animals) \_\_\_Yes \_\_\_No
- Where/who will perform the surgery?  
\_\_\_\_\_

Are you familiar with heartworm disease?\_\_\_Yes\_\_\_No

- Will you maintain your dog on heartworm preventative?  
\_\_\_Yes\_\_\_No
- Do you realize that dogs often live longer than 10 years and are you willing to assume responsibility for that long?\_\_\_Yes\_\_\_No
- How will you keep the dog confined to your property? **(Check all that apply)**  
\_\_\_House\_\_\_Kennel\_\_\_Fence\_\_\_Chain\_\_\_Patio\_\_\_Garage\_\_\_Leash\_\_\_Other

- Have you applied to adopt from this shelter before today? \_\_\_Yes \_\_\_No  
Date:\_\_\_\_\_ Pet Adopted? Yes No

If yes, where is this animal now? \_\_\_\_\_

**I certify the above is true and that false information may result in nullifying this adoption. The City of Easton has the right to refuse adoption to anyone. I understand that no animal can be held for me.**

Signature\_\_\_\_\_Date\_\_\_\_\_