## Friends of Attleboro Animal Shelter

Located on Pond St N

PO Box 592, Attleboro MA 02703

Phone: 774-203-1862 Fax: 508-276-0444

Email: Attleboropets@hotmail.com

Web: www.FAASpets.org

## **CANINE ADOPTION APPLICATION**

PLEASE GIVE CAREFUL CONSIDERATION TO ADOPTING! BE SURE YOUR LIFESTYLE ALLOWS THE TIME,

PATIENCE AND EXPENSE THIS PET WILL NEED OVER THE YEARS. ADDING A PET TO YOUR FAMILY IS A 10 TO 15 YEAR COMMITMENT.

ANIMALS ARE NOT TOYS OR SHORT-TERM COMMITMENTS AND THEY ARE NOT DISPOSABLE.

PROCEDURE: COMPLETELY FILL OUT AND SIGN THE APPLICATION. YOU WILL HEAR BACK WITHIN 10 DAYS OR PLEASE ASSUME YOUR APPLICATION WAS NOT SELECTED. APPLICATIONS THAT ARE SELECTED WILL GO THRU ALL NECESSARY CHECKS TO ENSURE A PROPER HOME. IF THE ADOPTION IS APPROVED, AN ADOPTION CONTRACT WILL BE SIGNED AND ADOPTION FEE PAID.

ADOPTION FEE PAYABLE TO FAAS IN THE FORM OF MONEY ORDER, CASH OR CHECK ADOPTION FEE PAYABLE TO THE CITY OF ATTLEBORO IN THE FORM OF MONEY ORDER OR CASH

| Date:   | Where did you hear about us?                 |                                      |  |  |  |  |  |
|---|--|--------------------------------------|--|--|--|--|--|
| APPLICANTS INFORMATION (please print clearly)   |  |                                      |  |  |  |  |  |
| Applicants Full Name  |  | Age                                  |  |  |  |  |  |
| Co-Applicants Full Name   |  | Relationship to Applicant            |  |  |  |  |  |
| Street Address, City, State   |  |                                      |  |  |  |  |  |
| Home Phone  | Cell Phone                                   | Email                                |  |  |  |  |  |
| Applicants Employer / Occupation  | on   | <b>Employer Phone</b>                |  |  |  |  |  |
| Co-Applicants Employer / Occupation Employer Phone  |  |                                      |  |  |  |  |  |
|   | CANINE INFORMATIO                            |                                      |  |  |  |  |  |
| Name of Dog you are applying for  |  | Breed                                |  |  |  |  |  |
| How did you become aware of th  | is Dog?                                      |                                      |  |  |  |  |  |
| Why do you want to adopt a Dog  | ?   □ Family Pet   □ Companion   □ Prote     | ection   Gift  Other                 |  |  |  |  |  |
| If Gift , Protection or Other plea  | se explain.                                  |                                      |  |  |  |  |  |
| What are you looking for in a Do  | og:  |                                      |  |  |  |  |  |
| <b>Age:</b> $\Box$ 2 – 6 Months $\Box$ 6 – 12   | 2 Months $\Box$ 1 – 6 Years $\Box$ 7 Years + | Sex: ☐ Male ☐ Female ☐ No Preference |  |  |  |  |  |
| Coat: ☐ Short ☐ Medium ☐ Long ☐ No Preference   |  | Color Preference:                    |  |  |  |  |  |
| Personality: □ Playful □ Calm □ Shy □ Affectionate □ Likes Dogs □ Likes Cats □ Likes Kids                                       |  |                                      |  |  |  |  |  |
| <b>Health Preference?</b> □ Healthy Only □ Short Term Problems □ Special Needs □ No Preference                                  |  |                                      |  |  |  |  |  |
| Where will the Dog live? □ Inde   | oors   Outdoors   Inside and Outside Plea    | se explain further below             |  |  |  |  |  |
|   |  |                                      |  |  |  |  |  |
| Are you willing to take the time to housebreak a dog, and do you understand that changing a dog's environment may cause the dog |  |                                      |  |  |  |  |  |
| to have accidents?   Yes   N  | 0  |                                      |  |  |  |  |  |
| If you are applying for a puppy or dog that is not housetrained, how will you housetrain?                                       |  |                                      |  |  |  |  |  |
|   |  |                                      |  |  |  |  |  |
| What steps have you taken to prepare for a new dog?   |  |                                      |  |  |  |  |  |
| Have you done research on the breed of dog you are interested in? □ Yes □ No  |  |                                      |  |  |  |  |  |
| Why do you want this breed?   |  |                                      |  |  |  |  |  |
| Are you willing to obtain an appropriately sized crate if recommended?   Yes   No   |  |                                      |  |  |  |  |  |
| Do you plan to go to a professional dog trainer and/or obedience School? ☐ Yes ☐ No   |  |                                      |  |  |  |  |  |
| If No, Why?   |  |                                      |  |  |  |  |  |
| If Yes, Who?  |  |                                      |  |  |  |  |  |



| If behavioral issues should arise, what actions will you take? |                                     |   |                                      |  |  |  |  |
|--|-------------------------------------|---|--------------------------------------|--|--|--|--|
|  |                                     |   |                                      |  |  |  |  |
| Who will care for and exercise th                              |                                     |   |                                      |  |  |  |  |
| How will you exercise the new dog?                             |                                     |   |                                      |  |  |  |  |
| How many hours will the dog be                                 | -                                   | Evening?                                  |                                      |  |  |  |  |
| When no one is home where will                                 |                                     |   |                                      |  |  |  |  |
| Where will the dog sleep at night                              |                                     |   |                                      |  |  |  |  |
| Will the dog be allowed on Furni                               | ture?   Yes   No                    |   |                                      |  |  |  |  |
| Will the dog have free run of the                              |                                     |   |                                      |  |  |  |  |
| If and when you travel where wil                               |                                     |   |                                      |  |  |  |  |
| If you have to move what will you                              | u do with your new Dog?             |   |                                      |  |  |  |  |
| Are you aware of your local ordi                               | nance concerning dog licensing?     | □ Yes □ No                                |                                      |  |  |  |  |
| Are you aware of your local ordi                               | nances concerning leash laws?       | □ Yes □ No                                |                                      |  |  |  |  |
| Have you ever been cited for any                               | dog related ordinances?             | □ Yes □ No                                |                                      |  |  |  |  |
| Does your town or city have any                                | Breed Restrictions?                 | □ Yes □ No                                |                                      |  |  |  |  |
| If Yes, what are they?   |                                     |   |                                      |  |  |  |  |
|  | e used for fighting, breeding, ille | egal activities or be found at any ti     | me in a location where is presence   |  |  |  |  |
| is illegal? □ Yes □ No   |                                     |   |                                      |  |  |  |  |
| Are you aware dogs can shed all                                | year long?                          | □ Yes □ No                                |                                      |  |  |  |  |
| Have you considered the extra ex                               | xpenses that will come with owni    | ng a new Dog? □ Yes □ No                  |                                      |  |  |  |  |
|  |                                     | ic food, routine veterinary care, vaccina | tions and boarding but not including |  |  |  |  |
| grooming. If a dog is injured or gets se                       |                                     | ost hundreds to thousands of dollars.     |                                      |  |  |  |  |
| Have all household members me                                  | t and agreed on a new Dog?          | □ Yes □ No                                |                                      |  |  |  |  |
| Describe the kind of situations w                              | here you might return your adop     | oted dog.                                 |                                      |  |  |  |  |
|  |                                     |   |                                      |  |  |  |  |
| What reasons do you feel are val                               | id for giving up a pet? □ Fleas     | ☐ Shedding ☐ Expenses ☐ No                | isy   Chewing/Clawing                |  |  |  |  |
| ☐ Destructive ☐ Bites ☐ New                                    | Baby □ Moving □ Marriage o          | or Divorce   Doesn't Listen   I           | Pets Medical Condition               |  |  |  |  |
| ☐ No Time ☐ Would not Cor                                      | nsider □ Other (please explain)     |   |                                      |  |  |  |  |
|  | PET AND VETE                        | RINARY HISTORY                            |                                      |  |  |  |  |
| Have you ever had to give up ow                                | nership of a pet? □ Yes □ N         | lo  |                                      |  |  |  |  |
| If Yes, please explain.  |                                     |   |                                      |  |  |  |  |
| Do you currently have any pets? □ Yes □ No                     |                                     |   |                                      |  |  |  |  |
| If Yes, Please complete the inform                             |                                     | _   |                                      |  |  |  |  |
|  | Pet 1                               | Pet 2                                     | Pet 3                                |  |  |  |  |
| Pet's Name   |                                     |   |                                      |  |  |  |  |
| Type of Pet / Breed  |                                     |   |                                      |  |  |  |  |
| Sex / Age  |                                     |   |                                      |  |  |  |  |
| Spayed or Neutered   |                                     |   |                                      |  |  |  |  |
| Up to Date with Rabies   |                                     |   |                                      |  |  |  |  |
| Up to Date with other Vaccines                                 |                                     |   |                                      |  |  |  |  |
| Licensed if required   |                                     |   |                                      |  |  |  |  |
| Indoor or Outdoor  |                                     |   |                                      |  |  |  |  |
| When did you get this Pet                                      |                                     |   |                                      |  |  |  |  |
| Where did you get this Pet                                     |                                     |   |                                      |  |  |  |  |

| Current Veterinarian's Name and Telephone number?   |   |                                     |                     |  |  |  |
|---|---|-------------------------------------|---------------------|--|--|--|
| Name of person on file with the   | Vet?  |                                     |                     |  |  |  |
| If you currently have no pets, p  | olease list pets over the past 10 year                | rs. If additional space is needed p | lease write on back |  |  |  |
|   | Pet 1   | Pet 2                               | Pet3                |  |  |  |
| Pet's Name  |   |                                     |                     |  |  |  |
| Type of Pet / Breed   |   |                                     |                     |  |  |  |
| Sex / Age   |   |                                     |                     |  |  |  |
| Spayed or Neutered  |   |                                     |                     |  |  |  |
| Indoor or Outdoor   |   |                                     |                     |  |  |  |
| When did you get this Pet   |   |                                     |                     |  |  |  |
| Where did you get this Pet  |   |                                     |                     |  |  |  |
| If deceased - When  |   |                                     |                     |  |  |  |
| If deceased - Cause of Death  |   |                                     |                     |  |  |  |
| If Rehomed - When   |   |                                     |                     |  |  |  |
| If Rehomed - Why  |   |                                     |                     |  |  |  |
| Veterinarian's Name   |   |                                     |                     |  |  |  |
| Name of person on file w/Vet  |   |                                     |                     |  |  |  |
| Name of Veterinarian you will   | use for your new pet?                                 |                                     |                     |  |  |  |
| Contact info for Veterinarian y   | ou will use for your new pet?                         |                                     |                     |  |  |  |
|   | HOUSEHOLD   | INFORMATION                         |                     |  |  |  |
| Have all household members b  | een around pets? ☐ Yes ☐ No                           |                                     |                     |  |  |  |
| Is your residence: □ House □  | ☐ Condo ☐ Apartment ☐ Mob                             | ile Home   Duplex  Other (          | explain)            |  |  |  |
|   |   |                                     |                     |  |  |  |
| If you live in a Condo or Rent -  | - Does the Association or Landlord                    | d have Breed or Size Restrictions?  | Yes □ No □ Not Sure |  |  |  |
| If yes, please explain.   |   |                                     |                     |  |  |  |
| <b>Do you:</b> □ Own □ Rent □   | Live w/Parents □ Live w/Friends                       | ☐ Other (explain)                   |                     |  |  |  |
| If you live with Parents, Friend  | ls or Rent – Do you have permission                   | on to have a Dog?   Yes   No        | 0                   |  |  |  |
| If you Rent please provide Nan  | ne & Telephone number of Landlo                       | ord.                                |                     |  |  |  |
| Landlord Name   |   | Telephone                           |                     |  |  |  |
| How long at current residence:  | ?   |                                     |                     |  |  |  |
| If you rent and live at current residence for less than 2 years, list the name and contact info for prior Landlord. |   |                                     |                     |  |  |  |
| Landlord Name Telephone   |   |                                     |                     |  |  |  |
| Please provide name and contact info for current Landlord.  |   |                                     |                     |  |  |  |
| Landlord Name Telephone   |   |                                     |                     |  |  |  |
| Is your Yard Fenced in? ☐ Yes ☐ No If Yes, type and height?   |   |                                     |                     |  |  |  |
| <b>Does the Fence belong to you?</b> □ Yes □ No If No, please explain.  |   |                                     |                     |  |  |  |
| <b>Is Fence attached to the House?</b> □ Yes □ No <b>Any Holes or Gaps in the Fence?</b> □ Yes □ No                 |   |                                     |                     |  |  |  |
| If holes or gaps can the dog get out? □ Yes □ No  |   |                                     |                     |  |  |  |
| If No fence, do you plan to install one? □ Yes □ No (please explain)  |   |                                     |                     |  |  |  |
|   |   |                                     |                     |  |  |  |
| <b>Do you have Tie-Outs?</b> □ Yes  | Yes □ No <b>Do you have Overhead Runs?</b> □ Yes □ No |                                     |                     |  |  |  |
|   |   |                                     |                     |  |  |  |
|   |   |                                     |                     |  |  |  |

| Name Age  |                  | Name                               |              |        |  |  |
|---|------------------|------------------------------------|--------------|--------|--|--|
|   |                  | Name                               |              | Age    |  |  |
| Name Age  |                  | Name                               |              | Age    |  |  |
| Name Age  |                  | Name                               |              | Age    |  |  |
| REFERENCES  |                  |                                    |              |        |  |  |
| Please provide names and contact info for two refe  | erences, not re  | elated to or living with you.      |              |        |  |  |
| Name of Reference Address of Refere   | nce              | Phone Number                       | Relationship | to you |  |  |
|   |                  |                                    |              |        |  |  |
|   |                  |                                    |              |        |  |  |
| I   | ADDITIONA        | L INFORMATION                      |              |        |  |  |
| Please provide any additional information you wou   | uld like us to l | know:                              |              |        |  |  |
|   |                  |                                    |              |        |  |  |
|   |                  |                                    |              |        |  |  |
|   |                  | AND SIGNATURE                      |              |        |  |  |
| By signing this application I attest that the information provided is true and accurate and understand false information will result in denial of adoption. Also, if an omission or untruth is discovered after an adoption takes place, the City of Attleboro or the Friends of Attleboro Animal Shelter reserves the right to annul the adoption and reclaim the animal. The adoption decision is dependent on many factors, including but not limited to the compatibility of the family to the individual animal. I understand it is the Friends of Attleboro Animal Shelter's prerogative to decide which home is most appropriate and that their decision is final.  While FAAS makes every effort to ensure that all animals available for adoption are healthy, it is possible that any animal may have an underlying health issue unknown to FAAS or our veterinarian. All adults have been examined by a veterinarian, received all necessary vaccinations, been combo tested for FIV and Feline Leukemia and spayed or neutered. All kittens have been examined by a veterinarian and have received all age appropriate vaccinations. I hereby agree to hold harmless and to indemnify FAAS, its volunteers, agents and/or veterinarian, for any health issues that may arise after adoption.  I, the undersigned, hereby specifically and forever release, discharge and hold harmless the Friends of Attleboro Animal Shelter, its agents, and any other person, firm or corporation charged or chargeable with liability, their heirs, administrators, executors, successors and assigns, from any and all claims, damages, costs, expenses, loss of service, actions and causes of action in relation to adoption of this animal.  I hereby authorize the Friends of Attleboro Animal Shelter to receive information from Veterinarians and others listed on this application. |                  |                                    |              |        |  |  |
| Signature: D  |                  | Da                                 | ate:         |        |  |  |
| All Adopted Canines MUST leave the Shelter on a Leash   |                  |                                    |              |        |  |  |
| If for any reason you or your new canine are unhappy after the adoption, we ask that you wait at least 48 hours before returning the animal. If your canine is having trouble adapting to your home please call us with any questions. If returned within 10 days, you may receive a refund, less \$25.00. After 10 days, the canine will still be accepted back, as space allows, however the adoption fee will not be refunded.   |                  |                                    |              |        |  |  |
| FAAS USE ONLY   |                  |                                    |              |        |  |  |
| Date Application Received:  |                  | Received By:                       |              |        |  |  |
| Shelter Name of Canine:   |                  | References Done By:                |              |        |  |  |
| Approved By:  |                  | Denied By:                         |              |        |  |  |
| Date Adopted:   |                  | Receipt # and Amount:              |              |        |  |  |
| Medical Records Given:  |                  | Medical Records need to be Mailed: |              |        |  |  |
| Microchip:  |                  | Adoption Agreement Signed:         |              |        |  |  |
| Free Office Visit Given?  Off The Leash Discount Given?   |                  |                                    |              |        |  |  |

Number of Children in household?

Number of Adults in household?