



# Cape Ann Animal Aid

Christopher Cutler Rich Animal Shelter

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# DOG ADOPTION APPLICATION

Date \_\_\_\_\_ Name of Dog \_\_\_\_\_

## APPLICANT INFORMATION

Your Name \_\_\_\_\_ Your Age \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse/Partner/Caretaker Name \_\_\_\_\_

How many children live in your home? \_\_\_\_\_ Ages: \_\_\_\_\_

## HOUSEHOLD INFORMATION

Do you rent or own?  Rent  Own

Homeowners, what State County do you live in? \_\_\_\_\_

Renters, what is your Landlord's name and phone? \_\_\_\_\_

Are all household members here?  Yes  No If no, who is not here? \_\_\_\_\_

## PET INFORMATION

Current Veterinarian Name and Phone: \_\_\_\_\_

Do you presently own any pets? If so, please tell us about them.

Name	Type	Age	Up to Date on Vaccines?	Where did you get this pet?
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you owned pets previously? If so, please tell us about them.

Name	Type	Age	What happened to this pet?	Where did you get this pet?
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____			

### ADDITIONAL INFORMATION

How many hours a day will this dog be left alone? \_\_\_\_\_

How did you learn about this dog?  CAAA Website  Petsmart  Petco  Visiting Shelter  
 Petfinder.com  Other: \_\_\_\_\_

### REFERENCE INFORMATION

Please provide names/contact info for 3 references (pet sitters, coworkers, friends, family, etc.)

1) Name \_\_\_\_\_  With Me  Please Call: \_\_\_\_\_

2) Name \_\_\_\_\_  With Me  Please Call: \_\_\_\_\_

3) Name \_\_\_\_\_  With Me  Please Call: \_\_\_\_\_

### APPLICATION INFORMATION

Signing below acknowledges that you have read and understand the following: Completion of this application in no way guarantees adoption of any animal. If you presently own pets, they must be up-to-date with routine vaccinations. If you own your own home, we must see proof of home-ownership. If you rent, we must speak with your landlord to verify that animals are allowed per your rental agreement.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR STAFF USE ONLY

- Animal Microchip# \_\_\_\_\_  Application is legible
- Wants to pick animal up tomorrow  Needs to leave but wants to complete adoption today
- All family members are present  Email address is complete  Has references listed
- Has other pets  Needs to do dog to dog intro  Has veterinary paperwork or phone number
- Have animal's cage card with application for adoption counselor

Notes: