

**WATERTOWN ANIMAL  
CONTROL**  
195 FRENCH STREET  
WATERTOWN, CT  
(860) 945-5200  
FAX (860) 274-4095

# Pet Adoption Application

Watertown Animal Control is committed to finding appropriate homes for animals in our care. Pet ownership is a serious responsibility, and we strive to ensure that each person who adopts from us is aware of these responsibilities and is prepared to meet the pet's needs. **Please note: You must be 18 years or older to adopt an animal.**

## Please Complete All Fields

### CONTACT AND HOUSEHOLD INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Apt.#/City/State/Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

People living in your household:

Name	Contact Number	Relationship	Age

Type of Residence:

Do you rent or own? \_\_\_ Type of Home: House \_\_\_ Apartment/Condo \_\_\_ Other: \_\_\_\_\_

If Apartment/Condo, what are the rules about pets? \_\_\_\_\_

If you rent, please list landlord name and phone number: \_\_\_\_\_

### LIST BELOW ALL PETS CURRENTLY LIVING IN YOUR HOUSEHOLD

Species/Breed?	Owned how long?	Age?	Sex?	Spayed/Neutered?	Current on vaccinations?	Kept indoors or outdoors?

**LIST BELOW PETS THAT YOU HAVE PREVIOUSLY OWNED**

Species/Breed?	Owned how long?	Age?	Spayed/Neutered?	Kept indoors or outdoors?	What happened to him/her?

**VETERINARY/CLINIC NAME AND PHONE NUMBER:**

\_\_\_\_\_

**PERSONAL REFERENCES:**

Name	Relationship to Adopter	Contact Information

**YOUR NEW PET:**

What is your primary reason for adopting? \_\_\_\_\_

How many hours a day will your pet be left alone? \_\_\_\_\_ Where? \_\_\_\_\_

Under what circumstance would you not keep your pet?

- Divorce  Illness in family  Moving  New Baby  New Job  Housebreaking problems  
 Destructive behavior  Biting/Scratching  Fleas  Allergies  Shedding  Conflicts with children  
 Conflicts with other pets  Animal becomes ill  High veterinary costs  None of the above  
 Other (Please explain) \_\_\_\_\_

\_\_\_\_\_

*The information I have provided in this Pet Adoption Application is true and accurate. I understand that giving false information or refusing to provide certain information is grounds for my application to be denied.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY:**

Date: \_\_\_\_\_ AC Initials: \_\_\_\_\_

Animal Name(s): \_\_\_\_\_ Animal#: \_\_\_\_\_

Adoption counseling notes attached:  Yes  No If no, why? \_\_\_\_\_