

It's All About the Animals
 103 Marion Rd. Rochester, MA
 508-763-2035

Shelter Use Only
 Adoption Counselor: _____
 Date application received: _____
 Date of approval/denied: _____
 Deposit Cash _____ Check# _____ Bal _____

Remember a Pet is a Lifetime Commitment! If you agree, continue

First and Last Name: _____

Address: _____ Town: _____ State _____ Zip _____

Home Phone: _____ Cell _____ Work _____

Age: Over 21 YES _____ NO _____ Email _____

Who is the pet(s) for: _____

Are other members of your household aware you're adopting and in agreement? YES _____ NO _____

Who will have the primary financial responsibility for the pet(s) (veterinary care, food)

I am: Employed _____ Retired _____ Unemployed _____ Student _____ Financially self-sufficient _____

Name of Employer _____ Phone _____

Which animal(s) are you thinking of adopting:

Name(s): _____

Please provide the following information with respect to your home:

Do You: Own _____ Rent _____

If you rent or have a condo you MUST include your lease agreement along with:

Landlord/Association's name: _____ Phone _____

Do you live in a: Single Family _____ Condo/Duplex _____

Apartment _____ Public Housing _____

With Parents _____ Student Residence _____

Other (specify) _____

How long have you lived at this address? _____ How many times have you moved in the past 5 years? _____

Are you planning to move in the future? Yes _____ No _____

How many people live, or regularly stay at your home: Adults _____ Children _____ Ages _____

Does anyone in your home have allergies to pets? YES _____ NO _____

Some pets can live 13 to 20 yrs. If you could no longer care for this animal, what would you do?

Please consider issues such as moving, children, planning to have children, teenagers off to college

Would you object to a home check? YES _____ NO _____

Have you ever had an animal surgically altered? Ears cropped, debarked, declawed, etc?

If yes please describe procedure & reason why: _____

How many dogs do you currently own? _____ Kept Indoors/outdoors or both? _____

How many cats do you currently own? _____ Kept Indoors/outdoors or both? _____

How many hours would your animal spend outdoors _____ What age would you declaw? _____

List pets you have owned for the last 10 years and where are they now. _____

Please tell us how to contact your veterinarian(s) for references

Name of Vet _____ City _____ Phone _____

Name of Pet(s) _____

Name of Vet _____ City _____ Phone _____

Name of Pets(s) _____

Please provide personal reference of person NOT related to you.

Name _____ Phone _____

I hereby authorize It's All About the Animals to contact my references, veterinarian(s) and landlord to verify said statements. I believe the information provided to be true and correct and understand that the application will be denied or It's All About the Animals may request that the pet be returned if it is determined that the information contained in this application is false or misleading. I understand It's All About the Animals has the right to deny any applicant for any reason in the sole judgment of the Shelter. I also understand that It's All About the Animals will choose the adopter of any pet based on the best interest of the animal. I also understand reason for denial will not be discussed.

Signature of Applicant _____ Date _____