



Animals for Life Inc
P.O. Box 185612, Hamden, CT 06518
203-267-6777

Adoption Application Form — Canine

(Subject to Approval) This is the first step in our Adoption process.

Please answer all questions. All submitted forms are judged on a case-by-case basis.

If your application is accepted, the Animals for Life Inc Canine coordinator will contact you. We receive multiple applications for each animal to allow us to find the best placement. If you do not receive a call within 10 days, please assume your application was not accepted. Please answer all questions. Incomplete applications will not be considered.

You MUST be 18 years of age or older to apply for adoption.

If you are under age 18, please have a parent or guardian fill out the application, who will then become the adopter and legally responsible for the dog if the application is approved.

Please fax completed forms to: 203-663-3926

Or scan and email them to: contact@animalsforlife.org

Date: _____

Name of **Animal** Applying for: _____

Name of **Applicant**: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Cell: _____

E-mail Address: _____

Do you live in: House____ Apt/Condo____ Other ____

Do you: Rent _____ Own _____

How long have you lived at this address? _____

If you rent, do you have your landlord's permission to have this dog? Yes ____ No ____

Does your landlord/condo association have weight or breed restrictions? Yes ____ No ____

If yes, please specify:

Your landlord's name: _____

Phone: _____

Do you have children? Yes ____ No ____ How many? ____ Ages _____

Will this animal live inside? Yes ____ No ____

If outside, what kind of shelter will it have?

Do you have a yard? Yes ____ No ____ if yes, is it fenced? Yes ____ No ____

What type of fencing? _____ How high? _____

Will this pet be tethered? Yes ____ No ____

Do you have a swimming pool? Yes ____ No ____ if yes how is it fenced?

What would you do if a behavior problem developed?

How would you discipline this animal?

Would you be willing to take this animal to an obedience course? Yes _____ No _____

Are you getting this pet as a companion, pet, working dog, guard dog, other?

How many hours a day will this pet be alone? _____

Do you have other pets? Yes _____ No _____

If yes how many? Dogs _____ Cats _____ Other _____

Please list animals you have owned in the last 10 yrs.

Species / Age / How long you had the pet/ Current Status. If you no longer have the pets listed please tell us what happened to them. Please use the back of this page if needed.

Name of your current veterinarian, if applicable:

Address: _____

Phone: _____

Would you be willing to have your veterinary information released to us?

Yes_____ No_____

If you have never owned a pet before please list two personal references that are not related to you and whom you have known at least 2 years. Please let these references know a representative from Animals for Life Inc will contact them.

Reference 1 Name: _____ Phone: _____

Relationship: _____ Years Known: _____

Reference 2 Name: _____ Phone: _____

Relationship: _____ Years Known: _____

Are you willing to care for this pet for the rest of its natural life? Yes_____ No_____

What would you do if you had a baby and the animal had a difficult adjustment to it?

What would you do with this animal if you had to move?

Are any household members allergic to the type of pet you are applying for?

Yes_____ No_____

Have you thought about what you would do with the pet if someone in your family became allergic?

Who will be responsible for this pet on a daily basis? _____

If responsible party were away who would be responsible?

Name _____ Phone _____

Can we contact this person? Yes _____ No _____

Have all household adults agreed to adopt this pet? Yes _____ No _____

Please list family members/ others living in household:

In applying for a young animal are you willing to deal with barking – crying, potty training, chewing, obedience lessons, etc. that come with raising a young animal?

Yes _____ No _____

For dogs and puppies: Do you know what heartworm infection is? Yes _____ No _____

Would you be willing to keep this dog/puppy on heartworm prevention? Yes ____ No ____

Will you allow a representative of Animals for Life Inc to, by appointment, do a home check before adoption OR during the 3 day ‘trial period’ and see where and how you plan to keep this pet?

Yes _____ No _____

Please be advised that if you adopt an animal from us, we will need to be notified of phone/email changes. Animals for Life Inc is committed to the animals we place, we have a follow-up program that requires us to check on the animal for up to one year following adoption.

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