

Applicant # _____

MERIDEN ANIMAL CONTROL

Adoption Application Directions

Thank you for your interest in adopting one of our animals. Please fill out the attached animal adoption application in its entirety. Once you have completed the application, one of our volunteers will be in contact with your veterinary and/or personal references within the next 48 hours.

After completing the application, we ask that you contact your veterinarian office to grant the Meriden Animal Control permission to ask reference questions in regards to your adoption application.

If you are approved for an adoption, you will need to complete the necessary paperwork within a 24 hour period after being approved. Failure to complete the adoption process within the given period of time may result in a voided application.

Thank you,

The Meriden Animal Control
311 Murdock Avenue
Meriden, CT 06450
(203) 235-4179

ANIMAL ADOPTION APPLICATION

Name of pet interested in adopting: _____ Date of Application: ___/___/___

Applicant/Co-Applicant Information

First, Last Name: _____ DOB: _____

First, Last Name: _____ DOB: _____

Home Address: _____ Apt/Unit#: _____

City, State, Zip: _____

Phone Number (best reached): _____ Email: _____

Family/Household Information

Do you own or rent your own home? _____

How long have you lived at this address? _____

What type of housing do you live in? _____

Landlord's name & phone number: _____

Condo Association/Apartment Complex Phone Number: _____

Do you plan on moving in the next year? _____

Number of (18 & over) adults in the household: _____

Number of children (under 18) in the household: _____ Ages of Children: _____

Have the children had any pets before? _____ If yes, what were they? _____

Current Pet Information*Please tell us about any pets that you currently have and have had in the past*

Name	Breed	Age	Gender		Spayed/Neutered		Where are they?
			M	F	Yes	No	
			M	F	Yes	No	
			M	F	Yes	No	
			M	F	Yes	No	
			M	F	Yes	No	
			M	F	Yes	No	

Have you ever given any animal away, or relinquished ownership rights to an animal shelter? If yes, what were the circumstances? _____

Under what circumstances would you (or have you) euthanize a pet? _____

New Pet Information Questions

Are you committed to providing a responsible home for your pet's entire life (15+ years)? _____

If you have to move, what do you plan to do with your pet(s)? _____

Who in the household will be the pet's primary caregiver? _____

In case of an emergency, are you able to afford a bill of \$500.00 (or more) for veterinary care? _____

Will this pet be kept inside or outside? _____

If you are interested in a cat, will the cat be allowed to go outdoors? _____

How many hours per day will your pet be left alone? _____

Veterinarian Information

**** Please only list the veterinarian that you have used in the past, not one that you plan to use.**

Name of Practice: _____

Veterinarian Name: _____

Phone Number for the office: _____

Personal References

1. Name: _____ Phone Number: _____

Relationship to you or your family: _____

2. Name: _____ Phone Number: _____

Relationship to you or your family: _____

Disclosure and Release Clause

Under Connecticut General Statute 22-332(b) every effort is made by our staff to match animals to proper homes and filing out an application does in no way guarantee that you will be approved for any animal. Your application may be denied for any reasonable cause. Meriden Animal Control makes no claims as to the health, temperament or mental position of any of its animals. Some animals change when brought out of the shelter environment and into its new environment. Due care should be taken with any new animals in their new homes.

I _____, to the best of my knowledge, have not made any false statements in filing out this application for adoption of a pet at the Meriden Animal Control Shelter. I have fully read and understand the above statement as well as all questions.

Signature: _____ **Date:** _____

STAFF ONLY

References checked by: _____

Notes: _____

Approved: YES NO

If yes, adoption approved by Animal Control Officer: _____

If no, please state reason for Denial: _____

VETERINARY CARE CONTRACT

A \$5.00 altered animal may or may not be up-to-date on vaccinations and/or may need additional vet care following the adoption. MAC does not have full medical histories. You acknowledge that you are aware of this possibility and will be responsible for these costs. MAC will vaccinate an adopted animal prior to the animal going home, at the request and the cost of the adopter.

Signature and Date

A \$50.00 voucher, which includes sterilization and two vaccinations, will be given to any adopted, unaltered animal. **This is all that is included for the \$50.**(A spay/neuter and two vaccinations at normal cost is \$400.00-600.00 at a standard vet). Many animals need additional medications or additional services from the vet at the time of surgery. The adopter acknowledges that they will be responsible for any additional care provided at the vet **up to \$50.00.** Any additional services requested by the adopter (anything other than sterilization and two vaccinations) will also be the adopter's responsibility.

Signature and Date