



FRANKLIN COUNTY

*Animal Shelter*

207-778-2638

550 Industry Rd, Farmington, ME 04938

fcanimalshelter.org

## Dog Adoption Application

Date: \_\_\_\_\_ Animal Name/Intake #: \_\_\_\_\_

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

Full Street Address (Please circle: **OWN** / **RENT**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

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

If renting, Landlord's name and phone number:

\_\_\_\_\_

Are You **18** years of age or older? (please circle) **YES** **NO**

List the name, type, and age of any pets you currently own:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current pet owners, please provide your veterinarian's name & phone #: \_\_\_\_\_

Please answer the following questions:

The Franklin County Animal Shelter is a private, non-profit organization, and we reserve the right to refuse any adoption which we deem is not in the best interests of the animal. Do you agree? (circle one) **YES NO**

Although every measure is taken to ensure the good health of our available animals, the Franklin County Animal Shelter cannot guarantee the health of its animals. Most shelter animals have unknown histories and behaviors, and if you approved for adoption, you are responsible for this animal's health care, including any associated veterinarian costs, and training. Are you prepared to make this commitment? (circle one) **YES NO**

The information you have provided is true, and any misrepresentation of facts may result in losing the privilege of adopting a pet from the Franklin County Animal Shelter. Do you agree? (circle one) **YES NO**

Do all members of your household agree on adopting? (circle one) **YES NO It's a surprise!**

I want a dog for:

- myself
- my kids
- protection
- gift
- other (please specify) \_\_\_\_\_

Is anyone in your home allergic to dogs?

- very allergic
- mildly allergic
- no allergies
- not sure

On an average day, how many hours would your dog spend alone? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

Where will the dog stay when you're out of town? \_\_\_\_\_

How will you confine your dog to your property when outside? \_\_\_\_\_

Where will your new dog live?

- inside only
- outside only
- inside with outside time

What kind of exercise & playtime do you want with your new dog?

- walks on leash
- walks off leash
- jogging together
- playing in my yard
- dog parks
- playmates with another pet
- not much – I'd like a calm dog

What do you look forward to doing with your dog? \_\_\_\_\_

What do you plan to do for your dog's grooming needs?

- Use a professional groomer
- Groom at home, myself
- I only want a dog who doesn't need grooming

How much can you budget **monthly** for your pet's supplies and medical care? \_\_\_\_\_

How much can you budget for your pet's medical care **in case of emergency**? \_\_\_\_\_

What are your plans if your pet has a medical emergency? \_\_\_\_\_

Do you plan to continue yearly vet exams/vaccinations? (circle one) **YES** **NO**

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Under what circumstances, if any, would you need to return the pet to FCAS? (check all that apply)

- New baby
- Not enough time for the dog
- If the dog sheds
- If I, or someone in my home, becomes allergic
- If the dog becomes destructive (chews objects)
- If vet costs are too expensive
- If the dog is not allowed in a new living space
- If the dog becomes aggressive
- Moving to a new residence
- Moving internationally
- If the dog is not housebroken
- If the dog jumps on the furniture
- Other (please specify) \_\_\_\_\_
- None

By signing below, you are acknowledging that you have read and agree to the adoption agreement above.

**Adopter signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Shelter use only**

Landlord approval: **YES** **NO**      Approved: **YES** **NO**

Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

Additional notes: