



CAPE ANN ANIMAL AID
260 Main St., Gloucester MA 01930
www.CapeAnnAnimalAid.com
(978) 283-6055

DOG ADOPTION APPLICATION

Please Print Clearly

Adopter's Name _____ Age _____

*E-Mail Address _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

Spouse/Partner/Caretaker _____

Number of children living in your household _____ Ages _____

Any known allergies to animals? _____

Please explain: _____

REQUIRED VERIFICATIONS

Do you own your own home? Yes / No **STAFF VERIFICATION:** _____

Do you rent? Yes / No If yes, does your lease allow pets? Yes / No

Landlord's Name _____ Phone: _____

STAFF VERIFICATION: _____

Are all members of your household present? Yes/No **STAFF VERIFICATION:** _____

CURRENT ANIMALS

Do you presently own any pets? Yes / No

If yes, what kind(s)? Dog(s) _____ Name(s) _____

Cat (s) _____ Name(s) _____

Are dogs/cats up-to-date with vaccinations? Yes / No

Current Veterinarian: _____ Phone: _____

Staff verification: _____

PAST ANIMALS

Have you owned pets previously? Yes / No If yes, what kind(s)? Dog _____ Cat _____ Other _____

[PLEASE TURN OVER]

ADDITIONAL INFORMATION

If adopted, where will this animal spend most of his/her time? (Please circle one)

In our home

In the yard

Other _____

How many hours a day will the animal be left alone? _____

Do you plan on attending obedience class? Yes / No

Why/Why not? _____

Description/ Name of animal you wish to adopt _____

REFERENCE INFORMATION

References can be pet sitters, coworkers, friends, family, and neighbors etc.

**Staff
Verif.**

1) Name _____ **Phone** _____

2) Name _____ **Phone** _____

3) Name _____ **Phone** _____

PLEASE NOTE

Please note: Completion of this application in no way guarantees adoption of any animal.

Pet owners: your existing pets must be up-to-date with routine vaccinations; if your present pets are not current with their vaccines we cannot place a new animal into your home.

Homeowners: please be prepared to provide proof of home ownership in the form of a mortgage statement, property tax bill or homeowner's insurance. (Please be aware that it is your responsibility as an adopter to ensure that the breed or breed mix you adopted is covered by your home owners insurance.)

Renters: Please provide the name of your landlord and a phone number where he/she can be reached; we cannot adopt any animal without verification of home ownership or landlord approval.

*** Email: All adopters with a valid e-mail address will receive 1 free month of Shelter Care (pet insurance with accident and illness coverage provided by Pethealth Inc.; Restrictions may apply, please see company for details). Unfortunately, if you do not have a valid e-mail address, you are not eligible to receive 1 free month of Shelter Care pet insurance.**

Signature _____ **Date** _____