

ADOPTION APPLICATION – MONTVILLE ANIMAL SHELTER

7 Church Lane, Montville 973.334.6410

What type of pet are you looking to adopt?		
Did you come to see a specific pet? Yes No	Name	How did you hear about this pet?

Please tell us about your household

First Name	Last Name
Street	City State Zip
Phone	Alternate Phone
Email	<input type="checkbox"/> Do not Send email
Which do you live in an Apartment, Condo/townhouse, Private home?	Do you have a fenced in yard?
How long have you lived at your current address? Own? Rent? Live with Relatives? Plan to move soon?	
If you rent, provide landlords name and any limits on pet ownership	
How many adults live in the household?	How many children live in the household? Ages of children?
Are you over 21? Yes/No	What are your reasons for adopting a pet?

Please List the Pets you have currently or have had in the past 5 years: (Use back if more space needed)

Name	Type	Age	Neutered	If pet doesn't live with you now what happened to the pet?

Who is your veterinarian? (Name, city & phone #)	
Which family member will be responsible for the care of this pet?	How many hours a day will the pet be left alone?
Where will the pet spend the majority of its time?	
Do you agree to return your adopted pet if for any reason you are unable to keep it?	
Are you prepared to take your new pet for a complete veterinary exam within 14 days of the adoption, and provide any necessary medical treatment or needed vaccines?	

I understand the completion of the application in no way guarantees adoption of a pet. The purpose of this application is to place the pet in what we feel is the best suitable home. Montville Animal Shelter reserves the right to refuse any adoption.

Signature _____ Date _____