

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 72 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.

If you are filling the application out online, please email your fully completed application to [Adopt@Savingpawsct.org](mailto:Adopt@Savingpawsct.org)

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 &amp; phone number: \_\_\_\_\_

Property Mngmnt Name&amp;Phone Number (Required for Condo Type Housing): \_\_\_\_\_

Do you plan on moving in the next year? \_\_\_\_\_

Number of (18 &amp; 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?

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? \_\_\_\_\_

If you are interested in a cat, would you get the cat declawed? \_\_\_\_\_

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: \_\_\_\_\_

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### STAFF ONLY

References checked by: \_\_\_\_\_

Notes: \_\_\_\_\_

Approved: YES NO

If yes, adoption approved by Animal Control Officer: \_\_\_\_\_

If no, please state reason for Denial: \_\_\_\_\_

# **MAC CARE CONTRACT**

An adoption fee of \$75.00 will be paid for all adopted animals. An adopted 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. Any additional services requested by the adopter (anything other than sterilization and rabies vaccinations) will also be the adopter's responsibility.

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***Signature and Date***