

**AWS ADOPTION APPLICATION**

**ANIMAL WELFARE SOCIETY, INC.  
8 DODD ROAD, NEW MILFORD CT 06776**

**Tel. 860-354-1350  
web: <http://aws-shelter.org>**

PLEASE PRINT LEGIBLY

**DATE:** \_\_\_\_\_

**A. CONTACT INFORMATION**

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

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Check if best time to call

Check if best time to call

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

**B. ADOPTION INFORMATION**

Indicate your preference regarding the pet you are looking to adopt.

**Type:**       Dog                       Cat                       Other  
                  Puppy                       Kitten

**Gender:**     Male                       Female                       No Preference

**Age:**         Baby                       Adult/Mature               No Preference  
                  Young

**Size:**         Small                       Large                       No Preference  
                  Medium                       X-Large

**Breed/Type You Are Looking For**

If you are interested in specific breed(s), type(s) of a pet (long-haired, short-haired, certain colors, etc.) - please tell us as much as you can. Or, choose  No Preference.

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

**EXPERIENCE/HISTORY WITH PETS**

If you are interested in adopting a cat, what would you do with a cat that was scratching your furniture or carpet?

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If you are interested in adopting a dog, what kind of activity level would you be looking for in a dog?

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If you are interested in adopting a dog, what kind of training would you plan to give your dog? Would you consider using the services of a professional trainer?

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1. Is this your first experience with a pet?             Yes             No

2. Do you own any pets at the present time?         Yes             No

If "Yes" – please list information below.

Pet Name	Breed/Species	Age	Altered	Declawed
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

3. Who is your current veterinarian? \_\_\_\_\_

What name would the records be under? \_\_\_\_\_

4. How many dogs and cats have you owned in the last 5 years? Dogs \_\_\_\_\_ Cats \_\_\_\_\_

5. What happened to those pets?

Be specific - include names, species, breed, ages, were they altered and what veterinarian used.

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**HOME AND BOARDING**

1. Do you currently live in a:  House  Apartment  Mobile Home  Duplex  Condo

2. So you currently:  Own  Rent  Live with Parents  
 Live With Roommates  Other (Explain below)

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3. Does your lease allow for pets?  Yes  No  Unsure  
Will you be able to provide written consent?  Yes  No

4. If you rent: Landlord's Name \_\_\_\_\_  
Telephone \_\_\_\_\_

5. How long have you lived at current address? \_\_\_\_\_

6. Do you have any plans of moving in the near future?  Yes  No

If "Yes" – what will you do with your pet?

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7. Do you have a private yard?  Yes  No

If so, Is it fenced in?  Yes  No

Fence Height: \_\_\_\_\_ Type of Fencing: \_\_\_\_\_

8. How do you plan to exercise your dog?

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9. How many people live in household? \_\_\_\_\_

Does anyone have allergies?  Yes  No

10. Do all adults in the household know you plan to adopt?  Yes  No

11. If there are children in the household, what are their ages? \_\_\_\_\_

12. If children visit your household, what are their ages? \_\_\_\_\_

13. In a typical day, how many hours will the animal be home alone? \_\_\_\_\_

What arrangements have been made for when the animal is home alone?

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

14. Where will your pet be kept? Daytime \_\_\_\_\_

Evenings \_\_\_\_\_

15. Why would you return an animal to the shelter?

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

**16. Are you willing and able to accept full and immediate responsibility for the ownership of a pet, including all health care costs and necessary obligations of caring for this animal?**

Yes

No

**I hereby affirm that I have answered the above questions completely and truthfully. I give Animal Welfare Society permission to obtain veterinary records and to follow up on references cited in this application.**

Sign Here: \_\_\_\_\_

\_\_\_\_\_  
AWS OFFICE USE

AWS Representative: \_\_\_\_\_

Additional Notes or Comments: