

Bethlehem, CT

202 Crane Hollow Road
Bethlehem, CT 06751

The Simon Foundation, Inc.

203-266-6000

www.thesimonfoundation.org

Bloomfield, CT

89 West Dudley Town Road,
Bloomfield, CT 06002-1315

Application to Adopt a Dog

Name:		Date:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Home Address:		Apt. #
City:	State:	Zip:

Name of animal you would like to adopt:	
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What is your occupation?		Spouse/Partner's Occupation:	
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Do you live with:	<input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> Roommate	<input type="checkbox"/> Parents	<input type="checkbox"/> Alone
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What are your current living arrangements?	<input type="checkbox"/> House	<input type="checkbox"/> Apt	<input type="checkbox"/> Condo	<input type="checkbox"/> Trailer
How long have you lived at this address?		How long do you plan to live at this address?		

Do you rent or own?	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
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If you rent, does your lease allow pets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Please provide contact information for your landlord:

Name:		Phone:
Address:		Apt. #
City:	State:	Zip:

In what type of setting is your home located?	<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Rural
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What veterinarian will you use for this pet?

Name:	Phone:
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Does your municipality have breed specific restrictions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Sure
If YES, please describe restrictions:			

Do you currently own any other pets or are there any other pets living in your home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Name of pet:	Type of Animal/Breed:	Age:	Gender:	Altered?	Declawed?
1.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

How were these pets acquired?
1.
2.
3.

What veterinarian are you currently using for these pets?	
Name:	Phone:
Whose name is listed on the veterinary records?	

Other than your current pets, have you owned any other animals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If YES, please fill out all of the information below for each pet:
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Breed:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Altered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Weight:		Numbers of years you had pet:		How was pet acquired?	
Cause of death:	<input type="checkbox"/> Old Age	<input type="checkbox"/> Fatal Disease	<input type="checkbox"/> Other	At what age did pet die?	
<input type="checkbox"/> Gave pet to friends, relatives, or acquaintances			<input type="checkbox"/> Sold pet to friends, relatives, or acquaintances		
<input type="checkbox"/> Was hit by a car		<input type="checkbox"/> Was stolen		<input type="checkbox"/> Disappeared/Lost	
Please specify what happened:					

Breed:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Altered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Weight:		Numbers of years you had pet:		How was pet acquired?	
Cause of death:	<input type="checkbox"/> Old Age	<input type="checkbox"/> Fatal Disease	<input type="checkbox"/> Other	At what age did pet die?	
<input type="checkbox"/> Gave pet to friends, relatives, or acquaintances			<input type="checkbox"/> Sold pet to friends, relatives, or acquaintances		
<input type="checkbox"/> Was hit by a car		<input type="checkbox"/> Was stolen		<input type="checkbox"/> Disappeared/Lost	
Please specify what happened:					

Do you have a yard?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is it chemically treated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How big is it?		Is the yard completely fenced in?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What type of fencing do you have?			

Do you have a pulley cable?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Approximate Length:	
Do you have a kennel run?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Approximate dimensions:	

If you do NOT have a fenced yard, cable, or kennel run, how will exercise/toilet be handled?			

How many ADULTS live in your home?		Ages:	
How many CHILDREN live in your home?		Ages:	

Does anyone in your house have allergies to animals?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does anyone in your house have asthma?	<input type="checkbox"/> YES <input type="checkbox"/> NO

What is the noise/activity level of your household?	<input type="checkbox"/> Quiet <input type="checkbox"/> Moderate <input type="checkbox"/> Active <input type="checkbox"/> Very Active
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Who will be responsible for the care and training of the animal?	
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If adopting a dog, what is your experience?	<input type="checkbox"/> First Time Owner	<input type="checkbox"/> Had dogs growing up
	<input type="checkbox"/> Have owned one or two dogs	<input type="checkbox"/> Experience dog owner
If you have children, please describe their experience with dogs:		

Do children visit your home often?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, what are their ages?	
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Is anyone home during the day?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, who?	
If NO, how many hours a day will the animal be left alone?	

Where will the dog be kept during the day?	
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Where will the dog be kept at night?	
Where will the pet sleep?	

Will you crate the dog?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, please explain:	

Have you ever experienced behavior or training problems with a pet?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, please explain the issues and how they were resolved:	

Do you plan to train your dog?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, why not?	

What will you do if your dog is destructive?

What is your definition of disciplining a dog? (Please provide examples)

Have you ever surrendered a pet?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, please explain the circumstances:	

If for any reason you cannot keep a Simon Foundation adopted dog, do you agree to return it to The Simon Foundation, Inc.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Would you be willing to have an initial in-home visit or follow-up visit by a representative of The Simon Foundation, Inc. if The Simon Foundation, Inc. deems it necessary?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you willing and able to accept full and immediate responsibility for the ownership of a dog, including all health care costs and necessary burdens and responsibilities of owning a dog?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you willing to seek and begin immediate training if some behavioral issues arise within days of taking ownership of the dog?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If NO, why not?		

How did you hear about The Simon Foundation, Inc.?

Dog Adoption Agreement

Adoption fees are as follows:		
Dogs: \$150.00	Puppies: \$225.00	Senior Dogs (10 & older): \$75.00
Adoption fees include micro-chip, spay/neuter surgery, age-appropriate routine vaccinations, de-worming medication, heartworm testing and preventative treatment, and flea/tick preventative treatment for all animals.		

PLEASE NOTE: The Simon Foundation, Inc. reserves the right to approve or deny any application according to our adoption policies, and in our best effort to find good homes for the long-term well being of our animals.

I hereby affirm that I have answered the above questions completely and truthfully. I give my permission for The Simon Foundation, Inc. to contact the landlord, veterinary and personal references I have provided, and I give permission for these references to release any information they deem relevant to the adopt of an animal from The Simon Foundation, Inc.

Signature of Applicant

Date

References: Please list two (2) references who are not family members.

1.

Name:
Home Phone:
Work Phone:
Cell Phone:
Relationship:

2.

Name:
Home Phone:
Work Phone:
Cell Phone:
Relationship:

Please provide a veterinary reference:		
Name:	Phone:	
Address:		
City:	State:	Zip: