



Animal Control Office

www.essexct.gov

Caroline Fountain, Animal Control Officer
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Telephone: 860-391-7127

Essex Town Hall
29 West Avenue
Essex, Connecticut 06426

Canine Adoption Application

Name:
Address:
City:
Phone:
Email:
Employer:

Questions:

- 1) Do you own rent Live with Parents Other
- 2) How long have you lived at this address?
- 3) Do you plan on moving in the next 6 months?
- 4) Would you permit an onsite premise check?
- 5) If you move in the future what would you do with your dog?
- 6) Is everyone in the household aware and in favor of this adoption?
- 7) How many adults are in the household? Children? Ages:
- 8) How many hours a day will the dog be left unattended?
- 9) Where will you keep the dog? Indoors Outdoors? Both?
- 10) Will the dog be restricted to a certain area?
- 11) What will you do with the dog if you are away for extended periods of time?
- 12) Is this your first pet? If yes skip the next question.
- 13) How many pets are currently in your home? Dogs Cats Other
- 14) Are they all spayed/neutered?
- 15) Are they current on shots?
- 16) How many pets have you had in the past 5 years?



17) What happened to them?

Still own

Gave away

Turned in to Shelter

Lost

Hit by car

Put to sleep

Died Naturally

Accidental Death

18) Have you ever adopted from a shelter or animal organization?

Yes

No

If yes, What

Where

When

19) What are your reasons for adopting a rescued dog? (Check all that apply)

Companion

For my children

Want to save

Other (please explain) _____

20) Do you realize that the cost of owning a dog can be expensive?

Yes

No

21) Do you realize that animals form bonds with their owners and can suffer depression/separation anxiety when given away or abandoned?

Yes

No

22) Are you ready to make a lifetime commitment to this dog?

Yes

No

23) Who is your veterinarian?

24) Please list two references not living in the same household:

25) Any additional comments you wish to make regarding this adoption:

I certify that the information given by me in this application is true and complete. I further understand that any falsified information that I give will terminate the action of the adoption process. I understand and agree to the Essex Animal Control Officer, at their discretion, performing a home check relating to this adoption. I hereby authorize the release/disclosure of records and/or other information concerning all the above inquiries, including but not limited to

tenancy information and veterinary records. I understand that the Essex Animal Control retains the right to deny any adoption at any time during the adoption process.

Applicant's Signature:

Date:

Print Name:

Email completed application to cfountain@essexct.gov.

