



# BLOOMFIELD POLICE DEPARTMENT

785 Park Avenue; Bloomfield, Connecticut 06002-2444  
V: 860.242.5501    [www.bloomfieldct.gov](http://www.bloomfieldct.gov)    F: 860.242.9316

# DOG ADOPTION APPLICATION

BPD-D30

**From: Bloomfield Senior Animal Control Officer**

**To:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please provide a complete answer to each of the following questions. The information you offer will enable Animal Control to become more familiar with your requirements and thereby to find the shelter dog to best match your needs and expectations.

**Dog Characteristics Desired:** (Circle appropriate answer/choice if offered)

Age Desired (e.g., Puppy, Specific Age, Any, Senior (8 years and older))? \_\_\_\_\_

Is there a specific dog from our web site that you are interested in? YES NO

If YES, the dog's name: *(If there are other dogs with the same name, please specify the color, gender or other information that will distinguish the dog of your interest from the other dog.)*

Why are you interested in this specific dog? (*Please be specific.*):

Would you consider a “special needs” dog, such as one that requires medication for a permanent - but controlled – condition?      YES      NO      Depends

Comments:

Will you accept a mixed breed?      YES      NO

Comments:

Preferences if available? Activity Level: High Medium Calm

**Note:** All adopted dogs that are not spayed/neutered at the point of adoption must

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## **Family/Home Information:**

Ages of all immediate family members? \_\_\_\_\_

Do they or other family members live with or visit you? \_\_\_\_\_

Do they share your interest in your adopting a dog? \_\_\_\_\_

For whom, primarily, is the dog being adopted? Adult      Child      Elderly      Other      Explain \_\_\_\_\_

Who will care for, train, and exercise the dog? \_\_\_\_\_

Anyone in your household have allergies? YES      NO      If YES, to what allergens? \_\_\_\_\_

May we visit your home prior to adoption approval? YES      NO      If YES, when? \_\_\_\_\_

Please list all the pets you have owned:

SPECIES	SEX	ALTERED?	WHAT HAPPENED TO THIS PET?

Please provide the full name, address, and phone number of your current veterinarian:

Please provide information on any other veterinarian that you have used for the past three years:

Where do you purchase heartworm preventive if not from your veterinarian?

How long have you lived at your current address? \_\_\_\_\_ Do you own or rent? \_\_\_\_\_

If at your current address less than three years, please provide your previous address:

Renters: Please provide a letter from your landlord verifying the details marked below.

\* Please provide landlord's name and phone number: \_\_\_\_\_

\* Do you have permission from your landlord to have a dog?      YES      NO

\* Does the landlord (or management co.) have a size or breed-specific policy?      YES      NO

\* If YES, what size/breed? \_\_\_\_\_

Will the dog be allowed in the house?      YES      NO

If NO, what sort of shelter is available for the dog? \_\_\_\_\_

How long daily will the dog be left alone (without humans)? \_\_\_\_\_

Where will the dog stay when you are away from the house? \_\_\_\_\_

## Bloomfield Police Department

Are you familiar with the use of a dog crate to train the pet during your absence or at night?

Is your yard fenced? YES NO If NO, will you install one? YES NO

If YES to either, what type of fence? Include height, width and length. \_\_\_\_\_

Approximate size of dog's yard area: \_\_\_\_\_ Will the dog be walked daily? YES NO

Exercised in a fenced yard?      YES      NO

Allowed to run free without supervision?      YES      NO

Will your dog receive formal obedience training? YES      NO      From whom? \_\_\_\_\_

Have you ever adopted before? Shelter dog? YES NO      Rescue dog? YES NO

Are you aware that shelter dogs need time to acclimate to a new family? **YES** **NO**

Are you aware that the routine cost of maintaining a dog averages \$1,000/year? YES NO

Have you ever sold or given away a pet or surrendered one to a shelter? **YES** **NO**

If YES, why? \_\_\_\_\_

Please tell us a little of your lifestyle and your family including any special activities in which your dog will be included? \_\_\_\_\_

When you move, what will you do with your dog? \_\_\_\_\_

Do you understand the state and local ordinances concerning licensing and leasing in your community?      YES      NO

Have you or any member of your family/household been cited for leash law violations or cruelty to animals in the past?      YES      NO

If YES, please provide specifics:

Please tell us how you became aware of the dog in which you are interested:

If you have any special requirements or requests for a dog or any comments that you would like to offer, please let us know so that we can more carefully match a dog to your desires and lifestyle.

**Declaration of Responsibility and Acknowledgements:**

I/we attest that the information provided on this application is true and accurate to the best of my/our knowledge. I/we acknowledge that I/we have been informed that upon my/our adopting a dog, an animal control officer may visit said dog at any time, with no notice given, to check on the well being of the adopted dog. I/we attest that I/we are aware that the completion and acceptance of this application is NOT a guarantee of my/our receiving a shelter dog.

**Applicant's Signature & Date:**

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Signature

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Date

**Co-Applicant's Signature & Date:**

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Signature

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Date

**Please complete and return this form to:**

**Bloomfield Animal Control  
785 Park Avenue  
Bloomfield, CT 06002  
Tel.: 860-242-5501 ext 5450  
Fax.: 860-242-4176**