



BLOOMFIELD POLICE DEPARTMENT

785 Park Avenue; Bloomfield, Connecticut 06002-2444
V: 860.242.5501 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

Type? _____ Sex? Male Female

Note: All adopted dogs that are not spayed/neutered at the point of adoption must participate in the Connecticut State Adoption Program, i.e., must be altered.

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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? _____

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

YES

NO

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 leashing 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 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:

Signature

Date

Co-Applicant's Signature & Date:

Signature

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**