



Ledyard Animal Control
Pet Adoption Application
11 Lorenz Parkway
Ledyard, CT 06339
aco@ledyardct.org
860-464-9621

Office Use Only: Approved? _____ **Denied?** _____ **Comments** _____

Please fill out completely. If a question does not apply mark N/A. Most questions will only require a check mark or a "Y" for Yes or an "N" for No.

1. Name _____
2. Address _____
3. D.O.B. _____ Phone# Home _____ Phone# Cell _____
E-mail Address _____
4. Do you Rent*? _____ Own*? _____ Is Residence a Single Family Home? _____ Apt? _____
*Proof of home ownership or a statement from landlord permitting pets is required
5. Is your yard fenced? _____ Will it contain a dog so they cannot jump over or through? _____
6. How many hours a day do you think the pet will be by itself in total? _____
Do you plan to keep your pet crated while you are away? _____
7. Number of adults in household? _____ # Children? _____ Children's Ages? _____
8. Have your children been around other pets? _____ If yes, what kind? _____
9. Current number of pets in household?
#Dogs? _____ #Cats? _____ #Birds? _____ #Reptiles? _____ Other Small Animals? _____
Farm Animals? _____
10. Do your current pets get along with other dogs? _____ With cats? _____ If no, how do they react? _____
11. Is your current dog licensed? _____ If yes, what Town? _____ License# _____
12. Is your current dog spayed/neutered? _____ Up to Date on Rabies vaccination? _____
If no, why not? _____
13. Veterinarian Office* _____ Phone# _____
*Your Veterinarian will be contacted
14. Have you ever given a pet away, sold a pet, or surrendered a pet to a shelter or another individual? _____ If yes, why? _____

15. Do you or any family members have allergies to pets? _____ Are you unsure if anyone in your household has pet allergies? _____
16. How many times have you moved in the last 15 years? _____ Would you have been able to move a pet with you with each of those moves? _____
17. Have you ever had a pet that had puppies or kittens? _____ How many litters did your female have while in your care? _____ Was the pregnancy planned? _____ What did you do with the offspring? Gave them away for free? _____ Sold them? _____ Kept them? _____ Surrendered them to a shelter? _____
18. Have you ever been bit or nipped by a pet? _____ If yes, give the circumstances and outcome _____

19. Under what circumstances would you consider it necessary to rehome a pet? _____

20. What type of pet are you looking for? Be specific. _____

Please list 1 (one) reference that we may contact by phone or e-mail: _____

By checking the box below and typing your name, it is your indication that all information is factual. We will contact you when a pet is available that will be a fit for your family.

Signature : _____

Date: _____