

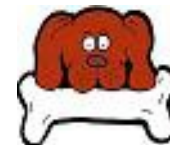


FRANKLIN ANIMAL SHELTER

C/O THE GRANITE STATE ANIMAL LEAGUE

71 PUNCH BROOK ROAD, PO BOX 265, FRANKLIN, NH 03235 (603) 934-4132

Adoption Application



Please complete this application. If you are interested in adopting a dog, please complete the Dog Supplement Sheet. If you are interested in adopting a cat, please complete the Cat Supplement Sheet.

Name: _____ Age: _____

Spouse/Partner: _____ Age: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell: _____

When is the best time to reach you? _____ E-Mail: _____
Is this a home or work email address: Home Work

Have you ever been arrested for and/or convicted of cruelty to animals? Yes No
If Yes, Explain: _____

Your employer: _____ Phone: _____

Partner's employer: _____ Phone: _____

Children Living in Your Home – Number: _____ Youngest Child: Age: _____ Sex: _____

What breeds of dogs, types of cats or other animals have the children lived with?

Is everyone in your household in agreement on adopting a new pet? Yes No

If no, who is not: _____ Why? _____

How long have you lived at this address?

Do you: Own Rent What type of environment? Rural Suburban Urban

If rented, please provide a signed pet authorization from your landlord or property manager.

If less than two years, please list your previous address:

Have you checked with your insurance policy regarding the ownership of pets? Yes No
Besides your immediate family, are there others residing in your home? Yes No

Pet Information:	Number of Pets:	First Pet	Second Pet
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Name:

Sex:

Age:

Weight:

Species:

Breed:

Vaccinations:

Spayed/Neutered:

Date of Last Vet Visit:

Is this animal on Heartworm medication?:

What kind?

Please list other pets currently residing in your home (name, type, age):

Veterinarian's Name & Phone Number:

Name of owner listed at vet office if different than applicant:

List other pets you have owned in the past ten years and what happened to them:

Please provide 3 personal references

Name:

Address:

Telephone:

Relationship:

Name:

Address:

Telephone:

Relationship:

Name:

Address:

Telephone:

Relationship:

Please check all boxes below or your application will NOT be processed.

By checking this box I certify that the information provided on this form is true & correct. I understand that proper food and veterinarian care can be costly and I am financially and physically able to care for this animal.

By checking this box I understand that home checks may be made on a random basis prior to or following adoption. If FRANKLIN ANIMAL SHELTER finds information contained in this application to be false, FRANKLIN ANIMAL SHELTER retains the right to turn down my application or remove the animal from my premises without a refund of moneys paid.

By checking this box, I am indicating that this is a valid and legal substitution for my written signature on this legal document titled "Franklin Animal Shelter Adoption Application" until signed in person at the time of adoption.

Signature: _____

Date: _____

Please return this application to:

Franklin Animal Shelter

71 Punch Brook Road

PO Box 265

Franklin, NH 03235

Fax: 603-415-8610

Email: gsalfranklin@yahoo.com

Dog Supplement Sheet

If you are interested in adopting a dog, please complete this sheet.

Does your home have a yard? Yes No
Is there a fence? Yes No

What type of fence and how tall?

Will the gate be locked? Yes No
Is the fence secured underground as well? Yes No

Is someone home during the day? Yes No

If no, where will the dog stay while you are gone?

Where will your dog be kept most of the time?

Do you have a dog house? Yes No
Do you agree to spay or neuter this dog if it has not been done already? Yes No
Will you take your dog to obedience class? Yes No

Which trainer do you plan to use?

Have you ever owned a dog? Yes No

Where is that dog now?

Do you prefer a male or female dog? Male Female

Age range?

If there is a dog on our web site that you are interested in? Yes No

please indicate dog's name:

Under what circumstances would you give up your dog?

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Signature: _____ Date: _____

Cat Supplement Sheet

If you are interested in adopting a cat, please complete this sheet.

Is someone home during the day? Yes No
If no, where will the dog/cat stay while you are gone?

Where will your dog/cat be kept most of the time?

Do you agree to spay or neuter this cat if it has not been done already? Yes No

Have you ever owned a cat? Yes No

Where is that cat now?

Do you prefer a male or female cat? Male Female

Age range?

If there is a cat on our web site that you are interested in? Yes No

Please indicate cat's name:

Under what circumstances would you give up your cat?

By checking this box, I am indicating that this is a valid and legal substitution for my written signature on this legal document titled "Franklin Animal Shelter Adoption Application" until signed in person at the time of adoption.

Signature: _____

Date: _____