



FRANKLIN ANIMAL SHELTER C/O THE GRANITE STATE ANIMAL LEAGUE
71 PUNCH BROOK ROAD, FRANKLIN, NH 03235 (603) 934-4132
Adoption Application

Name:

Age:

Spouse/Partner:

Age:

Address:

City:

State:

ZIP:

Telephone:

Cell:

What is the best time to reach you?

E-Mail Address:

(example: jsmith@aol.com)

Is this a home or work email address:

Have you ever been arrested for and/or convicted of cruelty to animals?

Your employer (we may request to see a recent pay stub):

Phone:

Partner's employer:

Phone:

Children Living in Your Home:

Number: none, 1, 2, 3, 3 or more

Child 1 (youngest): Sex:

Age:

Child 2 (next youngest): Sex:

Age:

Child 3 (next youngest): Sex:

Age:

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?

If no, who is not?

Why?

How long have you lived at this address?

Please indicate which best describes your current living situation:

---- Please choose one – House, Apartment, Condo, Trailer, Other (describe)

Do you:

-- Please choose one – Rent, Own, Live with parents

If you rent, name & phone number of Landlord (your application cannot be processed without this information):

If you live in a mobile home, name & phone number of land owner:

If you own, please be prepared to provide a copy of your current tax bill and/or mortgage statement.

What type of environment? City, Suburban, Country

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

Have you checked with your insurance policy regarding the ownership of pets?

Besides your immediate family, are there others residing in your home?

Names:

Ages:

Does your home have a yard?

Is there a fence?

What type of fence and how tall?

Will gate be locked with a pad- lock?

Is the fence secured underground as well?

If no fence, please indicate how you will exercise your dog (choose as many as apply): Invisible fence , Cable runners , Outdoor kennel, Leash walk, Other (describe)

Is someone home during the day?

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

Where will your dog/cat be kept most of the time? In house, Outside, Basement , Other: (specify)

If kept outside, will you have a dog house?

Do you agree to spay or neuter this dog/cat if it has not been done already?

Will you take your dog to obedience class?

Which trainer do you plan to use?

Have you ever owned a dog or cat?

Where is that dog/cat now?

Do you prefer a male or female dog/cat?

Age range?

If there is a dog/cat on our web page that you are interested in, please indicate dog/cat name and number:

How many years do you plan to keep the dog/cat?

Under what circumstances would you give up your dog/cat?

Pet Information

Number: none, 1, 2, 3, 4, 5 or more

First Pet:

Name:

Sex:

Age:

Weight:

Type: Dog, Cat, Bird, Rabbit, Rodent, Pig, Reptile, Insect, Other

Breed:

Vaccinations: Unnecessary, All are past due, Some are current, All are current

Spay/Neuter: Yes, No

Date of Last Vet Visit (mm/dd/yy):

Is this animal on Heartworm Preventative?:

What kind?

Second Pet:

Name:

Sex:

Age:

Weight:

Type: Dog, Cat, Bird, Rabbit, Rodent, Pig, Reptile, Insect, Other

Breed:

Vaccinations: Unnecessary, All are past due, Some are current, All are current

Spay/Neuter: Yes, No

Date of Last Vet Visit (mm/dd/yy):

Is this animal on Heartworm Preventative?:

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:

Are you willing to pay for a heartworm test?

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. If any of the boxes are left unchecked, 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".

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