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ADOPTION APPLICATION

DATE OF APPLICATION: _____

I WISH TO ADOPT A: DOG _____ CAT _____ OTHER _____

DESCRIPTION or NAME OF ANIMAL: _____

ADOPTION AGENT: _____

IN ORDER TO BE CONSIDERED FOR AN ADOPTION YOU MUST BE:

- ☐ Over 18 Years of Age
- ☐ Have knowledge and consent of the adoption
from all adults in the home
- ☐ Have your landlord's consent if this applies.

In completing this application, I understand and agree that the Town of Swansea Animal Shelter has the right to deny the application.

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ (this is required to qualify for the Sheltercare insurance)

DATE OF BIRTH: _____ DRIVER'S LIC #: _____

HOME PHONE #: _____ PRIMARY PHONE #: _____

PLACE OF EMPLOYMENT: _____

() Own Home () Rental () w/ Family members

Type of home: () apartment () condo () single family () multiple family

If renting, give name, address and phone number of landlord:

If living with family members give name and phone # of person granting permission

How long have you lived at your current address? _____

Do you plan to move in the next 6 months? _____

If so, what will you do with your pet? _____

Number and ages of children in home: _____

Do you or anyone in your household have allergies to animals?

Have you ever turned an animal into a shelter or given it away to someone? _____

If so, for what reason? _____

Do you have any other pets? Cats: _____ Dogs: _____

Others: _____

Describe: _____

Where are these other animals kept? Indoors _____ Outdoors _____

Both In & Out _____ Other (please explain) _____

Are they up to date on all shots and veterinary needs: _____

Name and phone # of veterinarian: _____

Are you familiar with your city of towns animal control laws? _____

Are your prepared to sign a contract outlining the responsible care and is/ will be neutered and will not be allowed to breed? () yes () no

Who will be responsible for the care and cost of this animal?

Where will the animal be kept during the day? _____

Where will the animal be kept during the night? _____

Do you understand that this pet which you are adopting is of unknown origin and has no medical history?
() yes () no

Dogs and cats can live 15 years or more, can you commit to caring for this animal that long?
() yes () no

Do you agree that the Town of Swansea Animal Shelter is not responsible for any medial treatment or medical bills after this adoption? () yes () no

Please supply 3 personal references: Name, Address, Phone Number

I have read and understood this application and have answered the questions truthfully:

Sign _____ Date: _____

Staff: _____ Date: _____
