

BRIDGEPORT ANIMAL CONTROL DOG ADOPTION APPLICATION

Dog Impound Number: _____
Name: _____ Date of Birth: ___/___/___
Home Number: _____ Cell Number: _____
Email Address: _____
Address: _____ City, State, Zip: _____

OFFICE USE ONLY

Approved : _____

Denied : _____

Do you Rent or Own? (Please Circle One) Type of Residence: _____
How long have you lived at this Address? _____ Will your landlord permit pets? _____

*Please remember that you MUST bring a NOTARIZED Letter from your landlord stating that you can have pets.
If you own, you must bring proof of home ownership in the form of a property tax bill or a mortgage statement, etc.
Prior to approval, a meet and greet with children under 13 in the home and other dogs in the home will be completed.*

Place of Employment: _____ Address: _____

Work Number: _____

Please Circle One of the following:

Do you have Children? Yes or No If Yes, what are their ages? _____

Do you have a yard? Yes or No If Yes, is it Fenced in? Yes or No

Do you have a Dog House? Yes or No Do you have a Dog Run? Yes or No

Do you have any pets? Yes or No

If Yes, what kind? How many? _____

Are your pets Sterilized? Yes or No Are they up to date with Shots? Yes or No

If you are currently a dog owner, is your dog licensed? Yes or No

If not licensed, why? _____

Have you had Pets in the past? Yes or No

If yes, what kind and how many? _____

If they are no longer with you, why? _____

Who is your Veterinarian? _____ Phone Number: _____

Have you ever owned a pet with a Bite/Attack history? Yes or No

Do you plan to Spay/Neuter your dog? Yes or No If not, Why? _____

Will you take your dog to the veterinarian for complete medical treatment? Yes or No

Can you commit to caring for an animal for the duration of their entire life? Yes or No

Will you commit to providing proper training should a behavior issue arise? Yes or No

Have you ever attended a professional Dog Training Course? Yes or No

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Where will your dog be kept during the day? _____ At night? _____

How many hours a day will the dog be left alone? _____

Do you have any previous experience with the breed or age group of the dog you're applying to adopt?

Yes or No

Please Explain: _____

What accommodations will you arrange for the dog when going on vacation?

Please explain how you would approach dealing with a behavior issue such as separation anxiety, which can include behaviors like chewing, barking, and house-breaking issues:

Please explain how you plan on meeting the mental and physical exercise needs of your pet:

If any, what would be an issue that would cause you to return your pet to the shelter?

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What is the most expensive veterinary medical expense you've ever had to pay for your pets? What was is for?

What kind of plan do you have in place for your pets should YOU become ill or otherwise unable to care for them any longer?

Please Provide Personal References:

Name: _____ Relationship: _____

Contact Number: _____

Name: _____ Relationship: _____

Contact Number: _____

Please Initial if you agree with the following:

_____: You are 18 years of age or older.

_____: You have knowledge and consent of all adults in your household.

_____: You have the Landlord's consent to bring an animal onto the property.

_____: You understand the following State of Connecticut Animal Laws and will comply at the best of your ability.

- ❖ Any dog three months or older, MUST have their rabies vaccination. (22-339b)
- ❖ Every dog MUST be licensed yearly in June. In order to license your dog, you must bring the Rabies certificate to your local Animal Control Facility or Town Clerk's Office. The fees start in June at \$8.00 for an altered pet and \$19.00 for a non-altered pet. The fee goes up \$1.00 every month until May. (22-338)
- ❖ Dog Tags or plates MUST be attached to the collar or harness that your pet is currently wearing at all times. (22-341)
- ❖ Dogs are not allowed to roam at large. They MUST be walked on a leash. (22-364)
- ❖ Do not allow your dog to bark for an excessive amount of time. (22-363)
- ❖ No person SHALL permit their pet to defecate upon public property, without properly disposing of the fecal deposit within the limits of the city. Properly disposing will be defined as removal of the same from public property. Persons who violate this section SHALL be subject to a \$150.00 fine. (6.04.040) Be aware that violators of this ordinance will be fined \$150.00 per incident.
- ❖ If your dog is kept outside, please provide adequate shelter, food, and water.

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_____: You acknowledge that you understand most dogs from this shelter often have no prior known medical history.

_____: You acknowledge that you understand most dogs from this shelter have no known prior behavioral history.

_____: You understand that all medical costs following adoption is the responsibility of the adopter.

_____: You certify that you will exhaust all reasonable efforts to correct a behavioral issue before attempting to return the pet to the shelter. (These efforts include, but are not limited to: veterinary consultations, Professional Dog Training consultations and attendance, and speaking with the Chief Animal Control Officer or Police Sgt currently running the facility Prior to considering a return.)

_____: You are aware and understand that returning a dog without exhausting all above listed efforts will result in your disqualification for all future adoptions at Bridgeport Animal Control.

_____: You understand the following statements regarding the Bridgeport Animal Control Adoption Application:

- ❖ This form is to ensure that the animal and the potential adopters are compatible. Incomplete forms or false information may result in the rejection of this request.
- ❖ Per State Statute 22-332, the Animal Control Officer has the authority to adopt an animal under his or her own discretion.
- ❖ Filling out this application DOES NOT automatically approve you for the animal or put a "Hold" on the animal.
- ❖ I authorize the investigation of all the information and statements on this form and understand that misrepresentation or omission of facts is cause for denial of an adoption.
- ❖ I certify that all the information in this application is true and correct to the best of my knowledge.

_____: You understand that Bridgeport animal Control has the right to deny your application for any reason.

Signed: _____

Date: _____ Time: _____

If you have any questions, please contact us!

Address: 236 Evergreen St. Bridgeport CT, 06606

Phone: 203.576.7727

Facebook: Bridgeport Connecticut Animal Control

Email: animal.shelter@bridgeportct.gov