



OXFORD ANIMAL SHELTER
486 OXFORD ROAD, OXFORD, CT 06478
(203) 881-3653 – oxfordk9@yahoo.com

APPLICATION FOR CANINE ADOPTION

*****Please note: All fields must be filled in, where the question is not applicable please type in N/A******

Date:		Type of dog desired:		Color(s):	
Name / description of dog you are interested in:					
Why do you want a dog?					
Are you or any member of the family allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how are you going to handle?					
Have you researched the breed you are interested in?					
Please explain the good & bad characteristics of this breed:					
What role would your new dog play in your life <input type="checkbox"/> Companion/family pet <input type="checkbox"/> Guard dog <input type="checkbox"/> Other					
Age of dog desired:		Oldest dog considered:		Approx. weight as an adult dog:	
Your Name:					
Address:					
City, State, Zip:					
Your Age:			Spouse's Age:		
Number of children?			Ages:		
Telephone numbers: (home):			(work):		
Type of residence: <input type="checkbox"/> House/Own <input type="checkbox"/> House/Rent <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse					
How long have you lived at this address?					
If rental, are dogs allowed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No		Max. Size:	
Complex name/address:					
Manager/Landlord:				Phone number:	
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits					
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road					Speed limit:
Does your home have a yard: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your yard have a fence: <input type="checkbox"/> Yes <input type="checkbox"/> No Will the gate be locked with a pad lock? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What type of fence do you have <input type="checkbox"/> Chain Link <input type="checkbox"/> Wood <input type="checkbox"/> Invisible <input type="checkbox"/> Other – specify:					
Does your yard have a run / doghouse? If no, will you provide one?					
Where will dog live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside <input type="checkbox"/> Tied up outside <input type="checkbox"/> Running free					
Where will the dog spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Crated inside <input type="checkbox"/> Inside – free roam					
Do you have a crate suitable for the dog you are interested in? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will you allow the dog to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, where?	
Are there visitors to your home, human or animal, which the new dog will have to interact with? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How many hours per day will the dog be alone?				Where will the dog stay when left alone?	
What behaviors would you have a hard time dealing with? <i>Check all that apply</i> <input type="checkbox"/> Shy <input type="checkbox"/> Aloof <input type="checkbox"/> Stubborn <input type="checkbox"/> Nervous <input type="checkbox"/> Dominance <input type="checkbox"/> Protective <input type="checkbox"/> Digging <input type="checkbox"/> Barking <input type="checkbox"/> Jumping on people <input type="checkbox"/> Chewing <input type="checkbox"/> Aggression <input type="checkbox"/> Escaping If you selected any of the above boxes and <u>could not</u> control / correct the behavior what would you do – please explain:					

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In a shelter environment it is difficult to determine if a dog is housetrained – will you be able to tolerate a few accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever housetrained a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No How?				
What solution will you try if housebreaking accidents continue after the first week? <input type="checkbox"/> Paper training <input type="checkbox"/> Crate training <input type="checkbox"/> Take out more often <input type="checkbox"/> Use a dog door <input type="checkbox"/> See a vet <input type="checkbox"/> None <input type="checkbox"/> Other (explain)				
How many years do you plan to keep the dog?				
Under what circumstances would you give up your dog?				
Have you ever given up a dog before, if so why?				
Are you presently <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other - explain				
How do you plan on exercising your pet?				
Have you had pets in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, complete the following chart	
Type of Pet	Years Owned	Spayed/Neutered	Inside/Outside	Where is Pet Now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Do you agree to spay or neuter this dog if it has not been done already?				
Are you willing to pay for a heartworm test?				
Are all other pets in the house current on vaccinations?				
How do you feel about obedience classes?				
May we make a pre-adoption visit to your home? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you aware of the current laws in your town pertaining to animals? Explain them:				
What type (include brand) of dog food do you plan to use?			How many times a day do you feed:	
Current or past vet name of clinic:			Phone:	
Personal reference (including phone number)				
Do you consider your dog a part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will your dog be on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated annual cost of owning a pet?				
Are you aware that a dog is a large and lifelong commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you hear about us?				
Email Address:				

I certify that the above information is true and I understand that false information may result in nullification of this application / adoption.

Signature: _____

*******OXFORD ANIMAL SHELTER RESERVES THE RIGHT TO REFUSE AN ADOPTION*******

Adoptions are **NOT** on a first come first serve basis – Adoptions are based on the **BEST** possible home for the animal.