

Scituate Animal Control

Scituate Police Department
116 Main St., Hope, RI 02831

Dog Adoption Application

Have you owned a dog previously? Yes _____ No _____

If yes, where is it now? _____

Where will this dog be kept? Mostly inside _____ Mostly outside _____

If it is to be kept outside, what kind of shelter will be provided and what kind of containment?

How many hours per day (approximately) will the dog be alone? _____

Do you: Own your home _____ Rent _____ Live with parents _____ Other _____

Are there other animals in the home? Yes _____ No _____

If yes: Dogs: Yes _____ No _____ How Many _____

Cats: Yes _____ No _____ How Many _____

Are your other animals spayed/neutered? Yes _____ No _____

Name of your current or previous veterinarian: _____

Are there children in the home? Yes _____ No _____ If yes, ages: _____

Do you agree to allow follow-up calls/visits from shelter personnel (or their representatives)? _____

Name: _____ Phone _____

Address: _____

Name and Phone of Landlord (if applicable) _____

- I understand that Scituate Animal Control has the right to deny any application.
- I understand that the Scituate Animal Shelter reserves the right to confiscate the animal involved if any information on this application is found to be false.
- I understand that shelter animals have unknown medical backgrounds, and the Scituate Animal Shelter cannot guarantee the health or behavior characteristics of adopted animals.

Signature _____ Date _____