

## Milford Animal Control Pet Adoption Application

| Name:                    |  | Phone:   |  |  |                                     |               |          |
|--------------------------|--|--|--|--|-------------------------------------|---------------|----------|
| Address:                 |  | City/State:  |  |  |                                     |               |          |
|                          | Please check the   | e pet vou are a  | applying for   |  |                                     |               |          |
| Dog                      | Cat  | por your aire o  |  | me/IMP#  |                                     |               |          |
| Do you own any dogs      | How many   |  | Name_  |  |                                     |               |          |
| Do you own any cats      | How many _   |  |  |  |                                     |               |          |
| Have you previou         | sly owned a dog or cat:  | YES / NO   |  |  |                                     |               |          |
| How long                 | What happe   | n to the pet   |  |  |                                     |               |          |
|                          |  | Cats). You wi<br>your veterina                             | ll either nee<br>arian to the S                                  | d to provi<br>State of Co                          | de a rabies ce<br>onnecticut.       |               | •        |
| Do you have children_    |  | What are   | e their ages_  |  |                                     |               |          |
|                          | Please circle if this pe   |  | Outdoor  | Indoor   | Both                                |               |          |
| Do you have a yard       |  | ]  | Is it fenced _   |  |                                     |               |          |
|                          | our home   |  |  |  |                                     |               |          |
| Renters most provide ei  |  |  |  | agreemen   | t showing pet                       | ts are allowe | d at the |
| Do you agree             | ccessary medical care included to obtain a license for you do you understand the impression of the sufficient time for training the you be able to provide a | Do you and rer<br>Do you an<br>portance of sing, exercise, | new it annual<br>agree to leash<br>pay/neutering<br>grooming, ar | ly in June<br>your dog<br>g your pet<br>nd playing | (Dog) (Dog) (Dog & Cat) (Dog & Cat) |               |          |
| My signature certifies t |  | on is true and<br>ilford Anima                             |  | o falsehoo   | d to the infor                      | mation prov   | ided to  |
| gnature: Date:           |  |  |  |  |                                     |               |          |
| Approved Yes             | Offic<br>No  | cial Use Only  | y  | Impo   | ound Number                         |               |          |
| Comments                 |  |  |  |  |                                     |               |          |