

TOWN OF
THOMPSON
Animal Control

Shelter: 185 Pasay Road
Mail: 815 Riverside Drive, P.O. Box 899
North Grosvenordale, CT 06255
Phone: 860-377-5438
E-mail: aco@thompsonct.org
www.thompsonct.org

Adoption Application

Owning a pet comes with a lot of responsibility-physically, financially, and emotionally. Make sure you and everyone who lives in your household are ready to take on this responsibility before you bring a pet home! Adopting a pet from a municipal shelter can be challenging, but it may be one of the most rewarding events of your life. Very often shelter pets come in with a history that is completely unknown to us. We give them temporary names which adopters can certainly change, so don't be surprised when they don't respond to the name we've just given them. They may need house training, dogs may need leash training and they may need to be taught the most basic commands. We do our best to temperament test them and place them with adopters best suited for their needs so we do not use a 1st come, 1st served philosophy. A shelter pet can often be the most loyal and loving pet you have ever owned; they seem to know you are rescuing them and providing them with the life they deserve. Their love and loyalty to you will be unwavering for a lifetime!

We require:

- A filled out application prior to an appointment
- Applicants must be 21 to adopt.
- We will need proof if you own your home. If you rent we will need your landlord's name and phone number.
- Your veterinarians information for a reference check

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Adoption Application

Name: _____ Date of birth: _____

Address: _____

City/State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

1. Where is your place of employment: _____
2. Name of pet you are interested: _____
3. Do you currently live in a House ____ Apartment ____ Condo ____ Other ____
4. Do you currently Own ____ Rent ____ Live with family who owns home ____
5. How long have you lived at your current residence: _____ year(s)
6. **If you are not the property owner, Thompson Animal Control will verify your residence's current pet policy.**
Landlords Name: _____ Phone Number: _____
7. Age of all adults living at this residence: _____
8. Age of all minors living at this residence: _____
9. Age of all minors visiting this residence: _____
10. Who will be the primary caretaker of this pet? _____
11. Why do you want to adopt this pet? _____

12. Have you owned a pet before? _____
13. Do you have any other pets: Are their vaccinations current? _____
14. If you have dogs, are they currently licensed? _____
15. How do you feel about spaying and neutering? _____

16. How many hours will the pet be left alone during the day? _____
17. Where will this pet be kept during the day? _____

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18. Where will this pet be kept during the night? _____

19. If you will be keeping the pet outdoors, how many hours will it be left out? _____

a. What shelter will you provide for when they are outdoors? _____

20. What type of food will you feed and what brand? _____

21. Please list ALL veterinarians and what owner's name the account is under:

22. Under what circumstances would you not keep this pet?

Please list all the pets you have owned in the last ten years including current pets, and those you no longer own.

Name	Species	Breed	Age	Sex	Altered	How Long?	What happened to him/her?

Please Initial:

_____ I certify that the information I have provided is true and understand that any false information may nullify the adoption. I agree to pre/ post home inspection by a Thompson Animal Control Officer and give permission to release my veterinarian information to you. Thompson Animal Control reserves the right to refuse any adoption.

Printed: _____

Signed: _____

Date: _____