

Manchester Animal Control Adoption Application

This application is only applicable to the direct pet it was linked to.

The completion of this application does not guarantee adoption of a pet from our office.

Name or impound number of pet you're interested in: _____ Date: _____

Name: _____ Phone Number: _____

Spouse's Name: _____ Phone Number: _____

Address: _____ Town: _____ State: _____ Zip: _____

At the address listed above, I Rent Own, and have been here for _____ years _____ months.

Landlords name: _____ Phone Number: _____

If you rent, are there breed or size restrictions? _____

Children under 18 years of age that live in the home OR frequently visit the home:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

If they do not live at the home full time, how often do they visit? _____

What best describes your household? Active Calm Noisy Quiet

Other animals in the house OR animals you have had in the last 5 years:

Name: _____ Species: _____ Breed: _____ Age: _____ Deceased

Vet Name/Phone #: _____ RV: _____ Sex: _____

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Name: _____ Species: _____ Breed: _____ Age: _____ Deceased

Vet Name/Phone #: _____ RV: _____ Sex: _____

Tell us about your family and household/activities you enjoy: _____

What would be the main form of exercise? _____

How long would the pet be left unattended at home? _____

Have you ever taken a training class before? Where/When? _____

