



Gardner Animal Control Facility



City of Gardner Massachusetts

Internal use only:
Date application
received:

ADOPTION/FOSTER CARE APPLICATION

POSITIVE IDENTIFICATION REQUIRED

THE GARDNER ANIMAL CONTROL FACILITY
899 W. BROADWAY, GARDNER, MA, 01440

Our Mailing address is:

Gardner Animal Control Facility C/O Police Department, 200 Main St Gardner, MA
01440

978-630-4950

animaladoption@gardner-ma.gov

NAME: _____

HOME PHONE: _____

ADDRESS: _____

CELL PHONE: _____

CITY: _____

WORK PHONE: _____

STATE: _____

EMAIL: _____

ZIP CODE: _____

This application is used for both cats and dogs so some questions may not apply to the type of animal you are applying for.

ARE YOU APPLYING TO ADOPT/FOSTER?

WHY DO YOU WANT TO ADOPT/FOSTER?

WHAT IS THE NAME OR DESCRIPTION OF THE ANIMAL YOU WOULD LIKE TO ADOPT/FOSTER?

ARE THERE CHILDREN WHO LIVE IN OR FREQUENTLY VISIT THE HOME?

WHAT ARE THEIR AGES?

WHAT ARE THE AGE RANGES AND # OF ADULTS IN THE HOME?

20 TO 30__ 30 TO 40__ 40 TO 50__ 50 TO 60__ 60+__ Total# OF ADULTS__



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DO YOU OWN YOUR OWN HOME OR RENT?

IF YOU RENT, YOU MUST SUPPLY A WRITTEN LETTER SIGNED BY YOUR LANDLORD.

LANDLORD'S NAME: _____ **TELEPHONE #:** _____

IF YOU OWN YOUR HOME, PLEASE BRING PROOF (water bill, mortgage stmt, property tax bill).

HOW LONG HAVE YOU BEEN RENTING/LIVING AT THE ABOVE ADDRESS?

LIST ALL OF THE PETS YOU'VE OWNED IN THE LAST 10 YEARS.

WHERE ARE THEY NOW?

DO YOU HAVE OTHER PETS AT HOME NOW? YES/NO

OF DOGS ___ **# OF CATS** ___ **OTHER** _____

IF YOU CURRENTLY OWN A DOG(S), WHAT BREED? _____

SEX? _____

AGE? _____

IS IT/ARE THEY LICENSED? YES/NO **IS YOUR CAT VACCINATED AGAINST RABIES? YES/NO**

HAVE YOU EVER HAD TO SURRENDER A PET? YES/NO **WHY?**



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WHO WILL BE RESPONSIBLE FOR THE ANIMAL YOU ARE INTERESTED IN?

WHAT IS THIS PERSON'S WORK SCHEDULE?

HOW MUCH COMPANY WILL THIS ANIMAL HAVE DURING THE DAY?

WHAT TYPES OF PROBLEMS ARE YOU WILLING TO WORK ON?

HOUSEBREAKING / LITTER TRAINING / CHEWING / DIGGING / JUMPING / SEPARATION ANXIETY / TRUST ISSUES / BARKING

DO YOU HAVE ANY EXPERIENCE DEALING WITH THESE ISSUES? YES/NO

IF YES, PLEASE EXPLAIN:

ARE YOU INTERESTED IN AN ANIMAL REQUIRING PROFESSIONAL GROOMING?

HOW OFTEN ARE YOU INTERESTED IN GROOMING THIS ANIMAL?

DAILY / WEEKLY / OTHER _____

DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE ALLERGIES TO CATS / DOGS / OTHER?

WHERE WILL THIS ANIMAL BE KEPT WHEN SOMEONE IS HOME? PLEASE CHECK ALL THAT APPLY:

LOOSE IN HOUSE _____ CRATE IN HOUSE _____ BASEMENT _____ GARAGE _____ LOOSE OUTSIDE _____ OUTSIDE KENNEL _____

FENCED YARD _____ DOG RUN _____ DOG HOUSE _____ OTHER _____ PLEASE SPECIFY:

DO YOU HAVE A FENCED IN YARD? YES/NO HOW HIGH IS THE FENCE? HOW MUCH AREA DOES IT ENCLOSE?

WHERE WILL THIS PET BE KEPT WHEN NO ONE IS HOME? PLEASE CHECK ALL THAT APPLY:

LOOSE IN HOUSE _____ CRATE IN HOUSE _____ BASEMENT _____ GARAGE _____ LOOSE OUTSIDE _____ OUTSIDE KENNEL _____

FENCED YARD _____ DOG RUN _____ DOG HOUSE _____ OTHER _____ PLEASE SPECIFY:



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HOW WILL THIS PET BE PUT OUTSIDE TO RELIEVE ITSELF? HOW OFTEN?

WHERE WILL THIS PET EAT?

WHERE WILL THIS PET SLEEP?

HOW WILL THIS PET GET THE EXERCISE IT NEEDS?

HAVE YOU EVER USED A CRATE FOR AN ANIMAL? YES/NO

HOW AND WHY DID YOU USE IT?

DO YOU PLAN ON USING A CRATE WITH THIS ANIMAL? YES/NO

IF YES, WHEN WILL THIS ANIMAL BE IN A CRATE, FOR HOW LONG AT A TIME AND WHY?

IF YOU CURRENTLY OWN A PET IS IT SPAYED/NEUTERED?

HAVE YOU SPAYED/NEUTERED PREVIOUS PETS? YES/NO

IF NOT, WHY NOT?

HAVE ANY OF YOUR PETS HAD OFFSPRING?

IF SO, WHAT DID YOU DO WITH THEM?



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VET REFERENCES: (PLEASE DO NOT SKIP)

(Please contact your vet and give them permission to speak with the Gardner Animal Control Facility about your current/past pets records)

CURRENT VETERINARIAN:

NAME: _____

CITY/STATE: _____

TELEPHONE #: _____

NAME ON ACCOUNT: _____

PET(S) NAME: _____

Did your pet go to this vet for regular visits or just for shot clinics?

PAST VETERINARIAN:

NAME: _____

CITY/STATE: _____

TELEPHONE #: _____

NAME ON ACCOUNT: _____

NAME OF PET(S) TREATED: _____

Did your pet go to this vet for regular visits or just for shot clinics?



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PERSONAL REFERENCES: (PLEASE INCLUDE AT LEAST 1 NON-RELATIVE)

(Please include email address if they prefer or it is ok for us to contact them that way-we do not release any information. The information is solely used to process this application)

NAME: _____

RELATIONSHIP TO YOU: _____

PHONE #: _____

Email: _____

NAME: _____

RELATIONSHIP TO YOU: _____

PHONE #: _____

Email: _____

NAME: _____

RELATIONSHIP TO YOU: _____

PHONE #: _____

Email: _____



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WHAT ACTIVITY LEVEL ARE YOU INTERESTED IN?

VERY ACTIVE____ (PLEASE EXPLAIN))

MODERATELY ACTIVE____ (PLEASE EXPLAIN)

NOT VERY ACTIVE____ (PLEASE EXPLAIN)

HOW DO YOU FEEL ABOUT:

PETS JUMPING UP ON YOU AND YOUR GUESTS?

MUDDY PAW PRINTS IN HOUSE?

PETS ON FURNITURE?

ANIMAL HAIR IN HOUSE/CAR?

PETS SLEEPING ON BEDS WITH PEOPLE?

PROFESSIONAL OBEDIENCE TRAINING?

DO YOU CONSENT TO A HOME VISIT?

ARE YOU INTERESTED IN ADOPTING A SPECIAL NEEDS ANIMAL? YES/NO

IF FOSTERING, WOULD YOU MIND MEETING WITH PROSPECTIVE ADOPTERS? YES/NO

IF FOSTERING, WOULD YOU MIND TRANSPORTING ANIMALS TO VET APPOINTMENTS? YES/NO



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PLEASE NOTE: TO BE CONSIDERED FOR ADOPTION, EVERY QUESTION WITHIN MUST BE ANSWERED COMPLETELY AND TRUTHFULLY.

ALSO, IF YOU HAVE A CAT/DOG NOW, YOU MUST HAVE A VET REFERENCE.

(Please remember to contact your vet and give them permission to speak with the Gardner Animal Control Facility about your current/past pets records)

SIGNATURE OF ADOPTER/FOSTER CARE PROVIDER

DATE

SIGNATURE OF SHELTER WORKER / A.C.O.

DATE



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Please use this page to provide us with any and all additional information that you feel will help us in the processing of your application.