

**City of Leominster
Adoption/Foster Care Application**

Adoption/Foster Care Application

POSITIVE IDENTIFICATION REQUIRED

Leominster Animal Control Officer

978-514-2381

aco@leominster-ma.gov

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ Work Phone: _____
State: _____ Email: _____
Zip Code: _____

This application is used for adoptions of 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 any children who live in or frequently visit the home?

How many?

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+ # of adults _____

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Do you own your 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.

How long have you been renting / living at this address?

List all of the pets you've owned in the last 10 years.

Where are they now?

Do you have a 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:

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?

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 Leominster Animal Control Facility about your current / past pets records)

CURRENT VETERINARIAN:

Name: _____

City/State: _____

Telephone #: _____

Name on account: _____

Pet(s) Name: _____

PAST VETERINARIAN:

Name: _____

City/State: _____

Telephone #: _____

Name on account: _____

Name of pet(s) treated: _____

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PERSONAL REFERENCES: *(Please include at least 1 non-relative)*

Email addresses are also acceptable (but not required) for your personal references if they would prefer to be contacted that way.

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 your 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 APPLICABLE MUST BE ANSWERED COMPLETELY AND TRUTHFULLY.

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

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

Signature of adopter/foster care provider

Date

Signature of Animal Control Facility Staff / A.C.O.

Date