# CONNECTICUT DEPARTMENT OF AGRICULTURE

165 Capitol Ave, Room G-8A, Hartford, CT 06106

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## Animal Adoption Application

I am applying to adopt a (check one): ☐ horse ☐ goat ☐ other ☐ name_____

**Personal Information**

Name: _____ Date of birth: _____

Phone: home _____ work_____ cell_____

E-mail address: _____

Number of adults in the household: _____

Number of children in the household: _____ Ages:_____

**Residential Information**

Home Address: _____

City_____ State: _____ Zip: _____

How long at this address? _____

Housing type: ☐ Apartment ☐ House ☐ Condo ☐ Mobile Home

Rent ☐ or Own ☐

If renting, have you received permission from your landlord? ☐ Yes ☐ No

Landlord's name:_____ Landlord's Phone: _____

Is this the address where the animal will be housed? ☐ Yes ☐ No

If No, address where the animal will be housed: _____

What happens to the animal if you move? _____

How will you house and exercise this animal? _____

What is your reason for adopting this animal?_____

Have you ever had to give away or relinquish an animal? ☐ Yes ☐ No

If yes, what were the circumstances? _____

Do you own animals now or have you owned animals in the last five years? ☐ Yes ☐ No

If yes, list how long you had them and where they are now: _____

Who is/was your veterinarian? _____

May we contact your veterinarian for a reference? ☐ No ☐ Yes Phone:_____

Will you spay or neuter this animal? ☐ No ☐ Yes

***I certify that the above information is true and accurate to the best of my knowledge and that falsification of information will result in denial of my application.***

Date: _____ Signature of Applicant: _____

☐ Approved ☐ Denied Signature of DoAgr representative: _____