# Dog Adoption Questionnaire

Email: dlaplante@newhartfordct.gov

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<tr>
<th>Name</th>
<th>Email</th>
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<tbody>
<tr>
<td>Address</td>
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<th>Primary Phone:</th>
<th>Alternate Phone:</th>
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1. Do you currently live in a House ___ Apartment ___ Condo ___ Other _________?
2. Do you currently Own _____ Rent _____ (if rent Landlord must permit pets)
3. How long have you lived at your current address? ________________
5. Does anyone in your household have allergies? _________________
6. What are your reasons for wanting this dog? (check all that apply)
   - Companion ___  Guard Dog ___  Hunting ___  Breeding ___  Obedience Training ___
   - Search & Rescue ___  Agility ___  Jogging ___  Walking Buddy___  Couch Warmer ___
   - Other ______________________________
7. Do you have other pets?  Yes _____ No _____ Are their vaccinations current? Yes___ No __
8. Number and description of other pets: _______________________________________________
9. Do you have a regular veterinarian?  Yes ___  No ____
   - Veterinary Practice Name __________________________         ____________
10. If you previously had dogs, where are they now? __________________________
11. Where will dog be kept during the day? ________________________________
12. Where will dog be kept at night? _______________________________________
13. Do you have a fenced in yard?  Yes ____  No ____ If not, how will dog be kept from leaving property?
14. Signed: ___________________________ Date ____________________

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