



Dog Adoption Application

Applicant must be age 18 years or older in order to adopt from Portland. Proof of age will be required. In order for your application to be accepted and processed it must be completed in full. The Town reserves the right to refuse adoption of any animal.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-mail Address: _____

How did you hear about our adoption program?:

newspaper online friend family Other _____

Reason for adopting: Companionship Guard dog Other _____

DOG EXPERIENCE

Check the box next to which best describes you:

First Time Owner Have had one or two Knowledgeable & Experienced

Information regarding the history, health and behavior of adopted animals may not be available or accurate.

1) What behavior would you be unwilling to work with? _____

2) What reasons might cause you to return this pet? _____

Name and address of current veterinarian: _____

PLANS FOR YOUR NEW PET

OUR DOG WILL LIVE... Indoors Outdoors Both

Some dogs require a period of weeks, even months to adjust to their new home. Are you willing to provide housetraining and behavior training? Yes No

ABOUT YOUR HOME

Type of Residence: House Condo Apartment Mobile home
 Dormitory Boarding House Farm

Do you: Own Rent Live with Parents Other _____

**If you reside in a condo or rent, you must have approval from association/landlord to have dogs.*

How long have you lived at this residence? _____

Do you have any plans to move in the next few years? Yes No

If yes, what will you do with your pet? _____

ABOUT YOUR HOUSEHOLD

How many adults live here: _____ How many children live here: _____

Ages of the children: _____

Are all members in the household in agreement about adopting a dog? Yes No

Who will be the primary care giver of this dog? Applicant Other _____

Who will be financially responsible for this dog? Applicant Other _____

TIME AWAY FROM HOME

Check which best describes you during the work-week:

Home all day Out part-time Away 7-10 hours daily

HOME ATMOSPHERE

Non-stop activity Some activity Very low activity

Your Current Pets:						
Name	Breed/Species	Age	Gender	Spayed / Neutered	Had how long?	Up to date on vaccines

Past Pet Experience over the past 10 years:					
Name	Breed/Species	Spayed / Neutered	Owned how long?	What happened to this pet?	How long ago?

By signing below, I certify that the information I have given is accurate and complete

Signature: _____ Date: _____