



**ADOPTION APPLICATION**  
**SMITHTOWN ANIMAL SHELTER**  
**AND ADOPTION CENTER**

410 East Main St., Smithtown, NY 11787  
 Phone: (631) 360-7575 Fax: (631) 360-7973  
 Email: [animalshelter@smithtownny.gov](mailto:animalshelter@smithtownny.gov)

**STAFF ONLY**

APPROVED	DATE
✓	
✓	
NOT APPROVED	DATE
X	
X	

**\*\*\*FORM MAY BE MAILED OR HAND-DELIVERED TO THE SMITHTOWN ANIMAL SHELTER, FAXED, OR EMAILED\*\*\***  
**FILLING OUT THIS APPLICATION DOES NOT GUARANTEE YOU THE ADOPTION OF A PET**

I AM INTERESTED IN ADOPTING A:		DATE:
[ ] DOG [ ] CAT [ ] OTHER		
WHICH ANIMAL OR WHAT IS THE NAME OF THE ANIMAL YOU ARE INTERESTED IN?:		
YOUR NAME:	HOME PHONE:	ALTERNATE PHONE:
ADDRESS:	CITY/STATE:	
EMAIL:		

- Are you over 21 years? [ ] Yes [ ] No What year were you born? \_\_\_\_\_
- Do you [ ] Own your home [ ] Rent [ ] Live with family How Long? \_\_\_\_\_  
 Name and phone number of landlord (if applicable): \_\_\_\_\_
- Do you plan on moving within the next 6 months? [ ] Yes [ ] No
- How long have you been thinking of getting a new pet? \_\_\_\_\_
- What made you decide that now was the right time? \_\_\_\_\_
- Why did you choose to adopt from the Smithtown Animal Shelter? \_\_\_\_\_
- If you were to move, would it be a must for you to find new living quarters that allowed pets? [ ] Yes [ ] No
- Who will watch the animal if you go away? \_\_\_\_\_ May we call?: ( ) \_\_\_\_\_
- Is everyone in the household in agreement to having a pet? [ ] Yes [ ] No If no, explain: \_\_\_\_\_
- How many live in the household? (Adults) \_\_\_\_\_ (Relationship) \_\_\_\_\_  
 (Children) \_\_\_\_\_ (Ages) \_\_\_\_\_
- Are you sure that no one in the household has allergies to animals?: [ ] Yes [ ] No
- For what reason would you give up a pet?: \_\_\_\_\_ What would you do if your pet had behavioral problems that you could not resolve (ex: inappropriate urination, defecation, etc.)? \_\_\_\_\_
- Are you currently employed?: [ ] Yes [ ] No How long?: \_\_\_\_\_
- Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ May we call employer?: [ ] Yes [ ] No Phone ( ) \_\_\_\_\_
- Where will the animal mainly be kept?: [ ] Indoors [ ] Outdoors [ ] Indoors / Outdoors
- Do you have a fenced yard?: [ ] Yes [ ] No Type: \_\_\_\_\_ Height \_\_\_\_\_
- Do you object to a home visit?: [ ] Yes [ ] No

**If we are unable to match you with a suitable companion, would you like us to contact you in the future if we receive or hear of a pet that would be more suitable?:** [ ] Yes [ ] No

[ ] Shorthaired [ ] Longhaired [ ] Either Would you like? - [ ] Clawed [ ] Declawed [ ] Either  
 -Specific Breed / Specific Color? [ ] Yes [ ] No If yes, breed/color? \_\_\_\_\_

-Range of pet age you would consider \_\_\_\_\_ [ ] Male [ ] Female [ ] Either

-Must be: [ ] Good with children [ ] Good with dogs [ ] Good with cats

**-----OVER-----**

**PLEASE TELL US SOMETHING ABOUT YOUR PETS**

14. Do you now, or have you ever owned any animals (dogs, cats, birds, rodents, reptiles, etc)?     Yes     No

ANIMAL # 1	CURRENT <input type="checkbox"/> PAST <input type="checkbox"/>	BREED		AGE	PET NAME	LAST VET VISIT
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> INTACT <input type="checkbox"/> STERILIZED	DECLAWED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF PAST PET, WHAT HAPPENED TO PET?	
ANIMAL # 2	CURRENT <input type="checkbox"/> PAST <input type="checkbox"/>	BREED		AGE	PET NAME	LAST VET VISIT
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> INTACT <input type="checkbox"/> STERILIZED	DECLAWED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF PAST PET, WHAT HAPPENED TO PET?	
ANIMAL # 3	CURRENT <input type="checkbox"/> PAST <input type="checkbox"/>	BREED		AGE	PET NAME	LAST VET VISIT
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> INTACT <input type="checkbox"/> STERILIZED	DECLAWED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF PAST PET, WHAT HAPPENED TO PET?	
ANIMAL # 4	CURRENT <input type="checkbox"/> PAST <input type="checkbox"/>	BREED		AGE	PET NAME	LAST VET VISIT
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> INTACT <input type="checkbox"/> STERILIZED	DECLAWED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF PAST PET, WHAT HAPPENED TO PET?	

15. Name and phone number of your veterinarian (if applicable) \_\_\_\_\_

16. May we contact your veterinarian for a reference?     Yes     No

**17. PLEASE LIST (3) REFERENCES WE MAY CONTACT**

NAME	RELATIONSHIP	PHONE NUMBER(S)
1.		
2.		
3.		

I, (print name) \_\_\_\_\_, am executing this document with full understanding that filing a false statement may result disapproval of animal adoption and / or appropriate legal action being brought by the Town of Smithtown. I personally read and provided answers to each and every question herein and I attest that each and every answer is full, true, and correct in every respect.

18. Signature \_\_\_\_\_ Date \_\_\_\_\_

**STAFF NOTES:**

VETERINARIAN / HOSPITAL STAFF <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	NAME	TITLE	DATE
OFFICE NOTES / VET'S COMMENTS:    Up to date Vacs <input type="checkbox"/> Yes <input type="checkbox"/> No          Follows Directions <input type="checkbox"/> Yes <input type="checkbox"/> No          "Red Flags" <input type="checkbox"/> Yes <input type="checkbox"/> No Spayed / Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No          Declawed (cats) <input type="checkbox"/> Yes <input type="checkbox"/> No          Last Visit: _____          REC / TECH (dogs):			
COMMENTS / NOTES; (Additional Documents / Notes Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			

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