



ADOPTION APPLICATION
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Thank you for considering the adoption of a pet from Morgan's Place. When placing an animal into a forever home, Morgan's Place strives to find the best possible match for that animal and the adopter. For that reason, this application also serves as a questionnaire. Your answers about expectations, requirements and lifestyle are essential to help us make a successful and lifelong match.

Please note the following requirements before Morgan's Place Inc. can process your application:

- I. All applicants must be 21 years of age or older. Morgan's Place Inc. requires a photocopy of your driver's license (or other suitable identification showing your present address) to be submitted with your application.
- II. Morgan's Place Inc. requires all people residing in your home to meet the animal you would like to adopt before an application can be approved. If you reside in a rental property, Morgan's Place Inc. requires a copy of your lease and written authorization from your landlord permitting the animal to live on the property.
- III. The adoption fee that you pay to Morgan's Place Inc. is non-refundable. It helps defer the cost of spay/neuter surgery, age-appropriate routine vaccinations, de-worming medication; heartworm testing and preventative treatment and - flea/tick preventative treatment administered while the animal is in our care. Current adoption fees (which are subject to change at any time) are as follows: *Adult Dogs: **\$400** *Puppies: **\$450** (Puppies are dogs under 6 months old)

Morgan's Place Inc. reserves the right to approve or deny any application in its discretion. Completion of this application does not guarantee adoption of a Morgan's Place Inc. animal.

GENERAL APPLICATION INFORMATION

Date Submitted: _____
If you have a specific animal in mind, what is the animal's name? _____
Have you previously submitted an adoption application to Morgan's Place?
Yes ___ No ___ If Yes, when? _____

APPLICANT INFORMATION

First Name: _____ Last Name: _____
Address: _____
How long have you lived at this address _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email Address _____
Employer _____ Occupation _____
Employer's Address _____
Name of Spouse/Partner/Roommate: _____
Spouse/Partner/Roommate Occupation: _____

HOME ENVIRONMENT

Do you live in (circle one): House Apartment Condo Duplex Mobile home Townhome
Do you (circle one): Own Rent Lease
If you rent, does your lease allow pets? ___ Yes ___ No
Landlord's Name _____
Contact Information _____
How many adults (over 18 years of age) live in your home in addition to you? _____
How many children live in your home? ___ What are their ages? _____
Do children visit your home often? _____
Does anyone in your home have allergies to animals? _____

PET INFORMATION & HISTORY

How long have you been looking for a new pet? _____

Why do you want to adopt a pet at this time? _____

Where else did you look for a pet before coming to Morgan's Place? _____

How did you hear about us?

Morgan's Place website _____ Petfinder.com/Adoptapet.com _____ Internet _____

Facebook _____ Friend _____ Other _____

If you are applying for a specific dog or cat, why do you think this dog or cat is a good match for you?

Please list any pets that you have now or that you have had in the past:

Pet's Name _____

Type of animal _____

Breed _____

Age _____

Spayed/ Neutered _____

Licensed Y/N _____

Date You Stopped Owning _____

Reason that you no longer own the animal(s) listed above? _____

Name and contact information for your current veterinarian (please indicate if veterinary records are in a name other than yours):

Who will have primary responsibility for the care, training and veterinary bills for the animal you are applying to adopt?

Do you travel often? ___ Yes ___ No

If yes, how will you care for your pet when you travel? _____

How many hours each day will this animal be left alone? _____

Where will this animal spend time when you are not at home?

___ Loose indoors ___ Confined to room indoors ___ Crate indoors ___ Garage

___ Basement ___ Fenced yard ___ Outside run ___ Loose outdoors ___

Other: _____

Where will this animal spend time when you are home? ___ Loose indoors ___ Confined

to room indoors ___ Crate indoors ___ Garage ___ Basement ___ Fenced yard

___ Outside run ___ Loose outdoors ___ Other: _____

Where will this animal sleep? ___ Loose indoor ___ Confined to room indoors

___ Crate indoors ___ Garage ___ Basement ___ Fenced yard ___ Outside run

___ Loose outdoors ___ Other: _____

Which areas of your home will this animal be restricted? _____

How long are you willing to give this animal to adjust to you, your family and a new environment? _____

Under what circumstances would you give up this animal? _____

Have you ever had to surrender an animal to a rescue group, pound or animal shelter?

Yes No

If yes, please describe the circumstances: _____

What will you do with this animal if you move? _____

What is your contingency plan for this animal should something happen to you and/or your family? _____

Would you be willing to have an in-home visit by a Morgan's Place representative during the adoption process? Yes No

FOR DOG ADOPTIONS ONLY

What activity level do you want in a dog? Quiet Moderate Active Very Active

What is your experience level with dogs?

First-time dog owner Had dogs growing up Had 1 or 2 dogs as an adult

Experienced dog owner

If you have children, please describe their experience with dogs:

Do you have any of the following containment systems at your home?

Fenced-in yard (please specify fence type & height: _____)

Stationary tie-out Dog run Invisible fence Other: _____

If you do not have a fenced-in yard, how you will handle exercise and toilet duties for this dog? _____

Are you familiar with crate training for housebreaking and training? Yes No

If Yes, do you intend to use this method for housebreaking and training?

Will you consult a trainer or take classes for basic obedience training for this dog?

Yes No

Would you agree to consult a trainer if necessary to correct inappropriate behavior?

Yes No

If no, why not? _____

Have you ever experienced behavior or training problems with your current or previous dogs? Yes No

If yes, please explain the issues and how they were resolved:

REFERENCES

Please provide the names and phone numbers of three references that you have known for more than three years. Only one of the references may be a relative.

Pets require a lot of your time, love and attention. If your application is approved and you confirm your interest in adopting this animal, when you sign the adoption agreement at the time of pick-up, you are accepting **complete responsibility** for the animal. This includes veterinary care, proper diet and exercise, vaccinations, heartworm preventative and testing, flea & tick preventative, licensing, boarding (if needed), as well as housebreaking and behavior training. Please consider these requirements when adopting a pet and be sure you are willing to commit to a new family member who will be with you for the next 10-20 years. Morgan’s Place volunteers and staff are available to discuss your concerns during the transition into your home. Thank you for visiting us today!

I hereby affirm that I have answered the above questions completely and truthfully. I give my permission for Morgan’s Place to contact the landlord, veterinary and personal references I have provided, and I give my permission for these references to release any information they deem relevant to the adoption of an animal from Morgan’s Place. I understand that Morgan’s Place intends to use the information I have provided in connection with this application solely for purposes related to the processing of this application and agrees to otherwise keep this information, and any information received during the application process, confidential and I agree to do the same. I also represent that I am willing and able to accept full and immediate responsibility for the ownership of the animal(s) that I am applying to adopt, including all health care costs and necessary burdens and responsibilities of owning the animal(s).

Would you like to be contacted in the future about becoming a Dog Foster Parent?
___Yes ___No

Name _____
Phone Number _____
Relationship to You _____
Best Time to Call _____

Name _____
Phone Number _____
Relationship to You _____
Best Time to Call _____

Name _____
Phone Number _____
Relationship to You _____
Best Time to Call _____

Applicants Signature _____ **Date:** _____

FOR MORGAN'S PLACE INC USE ONLY

(Please attach a photocopy of applicant's identification and current address.)

Date: _____

Applicant's license or ID type and #: _____

Morgan's Place Representative in receipt of application:

Name: _____ Comments: _____

Dog intro needed? YES NO WHEN? _____ Additional people

need to meet pet? YES NO WHO? _____ WHEN?

Processing Representative: (If different than above)

Name: _____ Vet Verification Results: _____

Landlord Verification Results: _____

1st Personal Reference Comments: _____

2nd Personal Reference Comments: _____

Additional Comments: _____

Check/other _____

Approved: _____ Denied: _____ Other: _____