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## Bucksport Animal Shelter

17 Transfer Station Road  
Bucksport, Maine 04416  
(207) 469-7951

# Adoption Application

**Name of animal you are interested in:** \_\_\_\_\_

Name of Applicant:

Physical Address:

Town

State

Zip code

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Best phone number to be reached at:

E-mail address:

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Housing:

Type of Home:

|   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Own</li><li>• Rent</li><li>• Live with parents</li><li>• Other: _____</li></ul> | <ul style="list-style-type: none"><li>• House</li><li>• Apartment</li><li>• Town house</li><li>• Mobile home</li><li>• Other: _____</li></ul> |
|---|---|

How many children live in your home? \_\_\_\_\_

Please list their ages: \_\_\_\_\_

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Employer:

**Current Pets:** Please list type of animal, breed, age and any other important details.

**DOGS:**

Do you have a fully fenced in yard? \_\_\_\_\_

Do you have an electric fence system? \_\_\_\_\_

Where will this dog sleep at night? \_\_\_\_\_

Where will this dog be when you are not home? \_\_\_\_\_

How many hours a day will this dog be left alone? \_\_\_\_\_

How do you plan to exercise this dog? \_\_\_\_\_

**CATS:**

Do you plan to let this cat outside? \_\_\_\_\_

Do you plan to declaw this cat? \_\_\_\_\_

**Have you ever surrendered an animal to an animal shelter? \_\_\_\_\_ If yes, please explain:**

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**Have you ever been convicted or charged with an animal cruelty offense? \_\_\_\_\_ If yes, please explain:**

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**Current Veterinarian:** Please note that we verify that all pets in the household are current on their rabies shot and are spayed/neutered, unless reason for not is clarified.

Name of veterinarian's practice and town they're located in:

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Phone number of their office:

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**Terms of Adoption:** Please read through our terms of adoption, sign and date:

I, \_\_\_\_\_ hereby agree to the terms of adoption through the Bucksport Animal Shelter. I, the adopter, assume full responsibility of the animal, including but not limited to; food bills, health care and general well-being. If at any time, I am unable to care for this animal, I agree to contact Bucksport Animal Shelter to offer first refusal of said animal. I give permission to the Bucksport Animal Shelter to verify at any point that the animal is being properly cared for and consent to a home visit. If said animal is not of age to receive rabies vaccination upon adoption, you, as the owner, are responsible to get said rabies shot when the animal becomes of age.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_