**Brockton Animal Control**
**446 Court Street**
**Brockton, MA 02302**
**508-580-7835**
**508-580-7843 (Fax)**

In Order to be considered for an adoption, you must be 18 years of age. Have the knowledge and consent of all adults living in your household, have a valid ID with current address, have landlord's name and telephone number (or Lease)
The Brockton Animal Control Department reserves the right to refuse any adoption application.

Name:_____

Current Address: _____

City:_____ State: _____ Zip:_____

Former Address, if at current for less than five (5) years: _____

_____

Phone #1: _____ Phone #2: _____ Age: _____

Email Address: _____

What type of pet are you looking for?

☐ DOG ☐ CAT ☐ OTHER

☐ MALE ☐ FEMALE

☐ ADULT ☐ PUPPY ☐ KITTEN

Size: _____

Do you want a particular breed? If yes which breed?

Do you want this pet for:

☐ COMPANION ☐ PROTECTION ☐ BREEDING ☐ GIFT ☐ OTHER

If "Other" please specify:_____

This pet will be without human companionship for about _____ hours per day,

_____ days a week.

Where will your pet be kept during the day? (Check all that apply)

☐ INDOORS ☐ OUTDOORS ☐ PEN ☐ CRATE ☐ BASEMENT ☐ GARAGE ☐ OTHER

If "Other" please specify:_____

Where will your pet be kept during the night? (Check all that apply)

☐ INDOORS ☐ OUTDOORS ☐ PEN ☐ CRATE ☐ BASEMENT ☐ GARAGE ☐ OTHER

If "Other" please specify:_____

Where do you live?

☐ HOUSE ☐ APARTMENT ☐ CONDO ☐ TRAILER

OTHER _____

_____☐ I RENT _____☐ I OWN _____☐ WITH MY PARENTS

If rent what is your Landlord's contact info

Name: _____

Phone: _____

Does your Landlord allow pets? ☐ YES ☐ NO ☐ DON'T KNOW

Deposit required? _____ Monthly rent increase? _____

Do you have a fenced yard? ◯ YES ◯ NO

If fenced please describe the height and material type _____

Please provide the following information about your household

Number of adults _____

Number of children _____ Ages _____

Is anyone in your family allergic to animals? ◯ YES ◯ NO If "Yes" what animal:

What will you do with your pets if you move? _____

How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your pet?_____

Have you adopted an animal from us before? ◯ YES ◯ NO

If yes do you still have the animal? ◯ YES ◯ NO

What type(s) of pets do you own or have owned in the last 10 years?

| Name | Type/Breed | Kept Where | Age | Neutered | Sex | Still Own? |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Who is your current veterinarian for the above animals?

Name: _____ Phone: _____

Who was your past veterinarian for the above animals?

Name: _____ Phone: _____

Have you ever given a pet up for adoption? ◯YES ◯NO

When? _____ Reason? _____ How

did you place the pet? _____

Do you realize that a pet may live 15 years or more? ◯YES ◯NO

It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? ◯YES ◯NO

How do you plan to house train your pet? _____

Do you understand that you are required to spay/neuter this pet

(if not already done): ◯YES ◯NO

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet. I authorize investigation of all statements on this application. I understand that this application is property of the Brockton Animal Control Department.

**Medical:** The pet I am adopting is accepted by me "as is". I agree to provide yearly checkups, shots, and heartworm prevention. I understand that Brockton Animal Control makes no representation or warranties regarding the current or future medical condition of the pet and is not responsible for additional medical care for the pet. If I have adopted a pet that has not been neutered or spayed, I agree to have the dog spayed or neutered within 60 days and send a copy of the certificate to Brockton Animal Control 446 Court St, Brockton MA 02302.

**Temperament:** I understand that the pet has not been evaluated in a home setting and that Brockton Animal Control makes no representation or warranties regarding the pet's behavior with adults, children or other animals, or provides other guarantees as to the pet's characteristics, personality or training. I understand and agree that Brockton Animal Control is not responsible for any injuries or property damage resulting from possession or ownership of this pet. I agree to release and hold harmless the City of Brockton, the Brockton Animal Control Department and any other agents thereof from any and all claims and/or damage arising from my ownership and control of the pet, including, but not limited to, damage to property and/or injuries to persons and/or animals caused by the pet.

**Care:** As this pet's new owner, I agree to provide the training required to ensure a secure and respectful dog/owner relationship. I will not let the pet run free, be chained out all day or all night, be allowed around children under 14 years fo age without adult supervision, or be allowed to ride loose in the back of a truck, or remain unattended in any vehicle in extreme temperatures (over 70 degrees Fahrenheit). I will license the dog in the town I live in and tag the pet for identification purposes.

**Adoption Termination:** Brockton Animal Control reserves the right to take back this pet if it is ever neglected, abused or improperly cared for. I agree to relinquish custody immediately upon request without the need for further legal writ or court order.

Drivers License # _____ State of Issue _____

Signature: _____ Date: _____

## Do not write below this line

**Vet check:**

**Landlord check:**

**Local Animal Control Check:**

**MSPCA:**

**ARL:**

**Additional Notes:**

**Application:** **APPROVED** **DENIED**

**REV. 1/2025**