

**TOWN OF HOPKINTON  
OFFICE OF ANIMAL CONTROL**

**395B WOODVILLE ROAD  
HOPKINTON, RI 02833  
401-377-7785**

**TERRY M. MAIN  
ANIMAL CONTROL OFFICER**

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**APPLICATION FOR ADOPTION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

DO YOU RENT OR OWN? \_\_\_\_\_ RENT \_\_\_\_\_ OWN TYPE OF DWELLING? \_\_\_\_\_

DO YOU HAVE PERMISSION FROM YOUR LANDLORD TO ADOPT A PET? \_\_\_\_\_

PLEASE PROVIDE LANDLORD NAME AND NUMBER: \_\_\_\_\_

DO YOU HAVE A FENCED IN YARD? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, TYPE OF FENCE AND HEIGHT: \_\_\_\_\_

DO YOU CURRENTLY HAVE ANY PETS IN YOUR HOME? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE PROVIDE A LIST OF CURRENT PETS: \_\_\_\_\_

\_\_\_\_\_

CURRENT VETERINARIAN'S INFORMATION: \_\_\_\_\_

\_\_\_\_\_

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How many people currently reside in your household? \_\_\_\_\_

Any children in the household? \_\_\_Yes \_\_\_No List ages: \_\_\_\_\_

Does anyone in your home have allergies? \_\_\_\_\_Yes \_\_\_\_\_No

What are you looking for in a pet? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many hours will your pet be left alone per day? \_\_\_\_\_

Where will your pet stay when no one is at home? \_\_\_\_\_

When you are home? \_\_\_\_\_

If you are interested in a cat, will it be: \_\_\_Indoor only \_\_\_Outdoor only \_\_\_Both in/out

Any additional comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ certify that all information on this form is true. I give permission to Hopkinton Animal Control to verify information as needed. Any false statement will terminate potential adoption.

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

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