



**Ridgefield Operation for Animal Rescue**

Donofrio Family Animal Shelter  
45 South Street  
Ridgefield, Connecticut 06877  
203.438.0158  
www.roar-ridgefield.org

Time Submitted:  
**FOR STAFF USE ONLY**

**Dog Adoption Application**

*Thank you for your interest in adopting from Ridgefield Operation for Animal Rescue!  
It is the goal of our adoption program to find permanent, loving, and responsible homes, and make a match that will last a lifetime.*

**Please Note:**

- ~ Roar has the right to deny your application for any reason
- ~ This process usually takes 3-5 business days

**Dog's Name (Only one (1) Dog):** \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Residence:   •House       •Apartment/Condo       •Other: \_\_\_\_\_

Do you rent or own? \_\_\_\_\_

Landlord's Name/ Phone Number: \_\_\_\_\_

Have you adopted from ROAR previously? YES/NO

If yes, who and when did you adopt? \_\_\_\_\_

Who will be the primary caretaker of the dog? \_\_\_\_\_

**List Below all current and/or previous pets in your household in the last 5 years:**

Pets Name	Species	Breed/Mix	Live/Deceased	Age	Spay/Neuter	Indoor/Outdoor/Both

**Veterinarian / Clinic Name and Phone Number:**

\_\_\_\_\_

**Owner's Name on Records:** \_\_\_\_\_

**List Below two (2) personal references (Not Family, Not your veterinarian):**

Name	Relationship to Adopter	Contact Information

Number of People living in your household: Adults\_\_\_\_ Children (by age): \_\_\_\_\_

Are you a military veteran? YES / NO

Are there any members of your household with allergies to animals? \_\_\_\_\_

Do you have a yard or recreational area for the dog? YES / NO Is it fenced? YES/ NO

What type of fence do you have (brand/type/height/electrical)? \_\_\_\_\_

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

Will you be using a dog walker? YES / NO

Do you have any planned vacation/business trip in the next 30 days? YES / NO

If yes, who will watch the dog? \_\_\_\_\_

What type of training problems have you experienced with your previous dogs?  
\_\_\_\_\_

Will you be using a professional dog trainer? YES / NO

Do you have experience using a dog crate? YES / NO

What activities do you hope to do with a new dog? \_\_\_\_\_  
\_\_\_\_\_

Please circle any of the following that you would like more information on:

- Crate Training •Grooming •Finding a trainer •Housebreaking Problems
- Introducing pet to other pets •Destructive Behavior • Animal becomes ill
- Conflicts w/ children •Conflicts w/ other pets •Veterinary Cost
- Information on volunteering or fostering with ROAR
- Other (please explain) \_\_\_\_\_

What type of life situations would make you need to surrender your dog? \_\_\_\_\_  
\_\_\_\_\_

Who will care for the dog in the event you are no longer able to?

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Please list some days and times during the week that you would be available for a home visit:

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*I hereby affirm that I have read and understood this questionnaire and responded **completely and honestly**. (Please note: Dishonest answers will result in immediate denial of application.) I give my permission to ROAR to contact my landlord regarding their pet policies, to contact my veterinarian for any information regarding my current/previous pets(s), and to contact my two personal references. I also affirm that I am 21 years of age or older.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_