



City of Boston  
Animal Care and Control

(617) 635-5348  
boston.gov/animals  
26 Mahler Rd  
Roslindale, MA 02131

**STAFF USE ONLY**  
A#: \_\_\_\_\_  
Staff initials: \_\_\_\_\_

**CITY OF BOSTON ADOPTION APPLICATION**

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

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

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

What is your living situation (circle one)?    OWN    RENT    OTHER (please explain):  
\_\_\_\_\_

Landlord's Name (if applicable): \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_

Does your lease allow pets? \_\_\_\_\_ If your lease allows pets with restrictions, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

How many adults live in your home? \_\_\_\_ How many children live in, or frequently visit your home? \_\_\_\_

Please list ages of children (if applicable): \_\_\_\_\_

On average, for how many hours are you away from home during the day? \_\_\_\_\_

Does anyone in your home have allergies? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Please list the pets currently in your household, including Name, Species, Sex, and Spay/Neuter Status:  
\_\_\_\_\_  
\_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Veterinarian's Phone Number: \_\_\_\_\_

The City of Boston Animal Shelter strives to make lifelong matches between families and their adoptive pets, and we look forward to finding the right match for you. **Please note that filling out an application does NOT guarantee adoption.** Please initial: \_\_\_\_\_

*By signing below, I acknowledge that the above information is correct to the best of my knowledge.*

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please note that incomplete applications will NOT be accepted\***