

The shelter policy requires that we speak directly with the landlord to confirm all information on this sheet and is mandatory prior to adoption. Adoptions cannot be processed or started until we have this confirmation.

Salar Senting State .	Staff Initials Verification:_	Date of Verification:
to adoption UN	LESS you have a formal	ST be completed and signed by landlord PRIOR lease agreement on company/management NN NOT hold or take deposits on Adoptions.
Name of Adopter/s :_	/Ann	
Current Address City S	State Zip:	INC of c
Adopter Phone #:	1011	_Adopter Cell #:
Landlords Name:		Landlord Signature:
Landlord Phone #:		Landlord Cell #:
Landlords Address Cit	ty State and Zip:	
How long have you live	ed at this residence (Years)	/Months):
	To Be Filled	out By Landlord Only
I own and authorize of Sterling, MA.	at th	e address above - to adopt a pet from the Animal Shelter Inc.
 PUPPY (specify a DOG 	is given permission to adopt a age of puppy allowed) age of kitten a llowed)	
□ I have NO weight restr	iction (check if no weight restr	iction)
□ I have weight restriction □ Toy breed 5 - : □ Small dog 10 - : □ Medium dog 2 □ Large dog 55 - : □ Extra Large do	10 lbs - 25 lbs !5 - 45 lbs - 70 lbs	S or NO - If YES the dog is to be NO larger than :
□ I have NO breed restric	ction (check if no breed restric	tion)
		mpanies will not insure some breeds. Please discuss this er can NOT and will not guarantee age, breed, temperament
My breed restrictions are	e:	