



PET ADOPTION QUESTIONNAIRE

Kennel Number: _____

Microchip Number: _____ * _____ *

Applicant's Information:

Name: _____ Date Of Birth: ____/____/____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cellular Phone: (____) _____ Email Address: _____@_____

Driver's License Number: _____ State License Was Issued: _____

Type of Dwelling: House Apartment Townhouse Mobile Home, (please circle) RENT OWN

Landlord's Name: _____ Landlord's Phone Number: (____) _____

How Long Have You Lived At Your Current Address? _____ Years _____ Months

Do You Plan On Moving In A Month? Yes No How Many People Live In Your Household? _____

Are There Children In The Home? Yes No If "Yes", What Are The Children's Ages? _____

Your Pet History

How Many Pets
Do You Currently
Own? _____

Breed: _____ Age: _____ Sex: M N/M F S/F Kept: Inside Outside Both	Breed: _____ Age: _____ Sex: M N/M F S/F Kept: Inside Outside Both	Breed: _____ Age: _____ Sex: M N/M F S/F Kept: Inside Outside Both
How Long Have You Owned Pet? _____ Where Is Pet Now?	How Long Have You Owned Pet? _____ Where Is Pet Now?	How Long Have You Owned Pet? _____ Where Is Pet Now?

Are Your Current Pets Vaccinated? Yes No Who Is Your Veterinarian? _____

May We Contact Your Veterinarian As A Reference? Yes No Phone Number (____) _____

Please complete the back of form

■ Your New Pet's Information

My New Pet Should Get Along With: Dogs Cats Rabbits Ferrets Farm Animals Children

Where Will Your Pet Spend Most Of Its Time? Inside - Free Roam Inside - Crated
 Outside - Fenced Outside - Free Roam Outside - Chained

<p><i>Dog Adopters Only:</i></p> <p>Do You Have A Fenced In Area? Yes No If "Yes", What Type & Height Is Your Fence? _____</p> <p>Is There Shelter? Yes No If "Yes", What Type Of Shelter? _____</p>	<p><i>Cat Adopters Only:</i></p> <p>Do You Plan To De-claw Your Cat? Yes No If "Yes", Which Claws? Front Back Both</p>
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May We Visit Your Home Before Adoption To Verify The Information You Have Provided? Yes No

Will You Contact Animal Service Center If You Are Unable To Keep The Animal? Yes No

Are you a current or former law enforcement officer, other covered employee* or the spouse or child of a covered employee who is exempt from public records disclosure under Florida Statute 119.07? Yes No

I Certify That The Information I have Provided In This Application Is True & Understand The Adoption Requirements. Signature _____ *Date:* _____

Please Be Prepared To Present A Driver's License To Complete Your Application

For office use only:

Property Appraiser Verified: Yes No Unavailable _____	
Discrepancies In Appraisal: _____	
Landlord Approved: Yes No Unable To Contact _____	
Landlord Requirements: _____	
Landlord Verified Residence: Yes No	
Approved Application Yes No	
Reason Denied: _____	
Receptionist: _____	Date: _____