



1125 EASTERWOOD DRIVE ♦ TALLAHASSEE, FLORIDA 32311
 PHONE (850)891-2950 ♦ FAX (850)891-2977 ♦ TALGOV.COM/ANIMALS
 TUES – FRI 10:30-6:30 ♦ SAT 10:00-5:00 ♦ SUN 1:00-5:00 ♦ CLOSED MONDAY

ADOPTION QUESTIONNAIRE

Thank you for your interest in adopting an animal from the Tallahassee-Leon Community Animal Service Center. Please print or type your responses clearly as incomplete or illegible applications will not be considered.

Personal Information

NAME		
HOME PHONE ()	WORK PHONE ()	
CELL PHONE ()	CELL PHONE PROVIDER	
ADDRESS		APARTMENT NUMBER
CITY	STATE	ZIP
DRIVER'S LICENSE INFORMATION		
DL Number:	State of Issue:	DL Expiration Date:
EMAIL ADDRESS		DATE OF BIRTH
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 Statue 119.007? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Household Information

TYPE OF DWELLING <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile Home		Do you own or rent your residence? <input type="checkbox"/> Personally Own <input type="checkbox"/> Family Owns <input type="checkbox"/> Rent	
LENGTH OF RESIDENCY AT CURRENT ADDRESS		Do you plan on moving within the next month? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure	
LANDLORD'S NAME / PROPERTY OWNER NAME		LANDLORD'S / PROPERTY OWNER'S PHONE	
NUMBER OF ADULTS IN THE HOME	WILL THIS ANIMAL BE EXPOSED TO CHILDREN IN THE HOME? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", how many children and what ages?		

I am completing this questionnaire in the interest of adopting

ANIMAL NAME:	KENNEL NUMBER:
I AM INTERESTED IN THIS ANIMAL BECAUSE OF ITS: <input type="checkbox"/> Age <input type="checkbox"/> Behavior <input type="checkbox"/> Color <input type="checkbox"/> Size <input type="checkbox"/> Breed Other, please explain:	

Please complete page two

Pet Experience

HOW MANY PETS DO YOU CURRENTLY HAVE?			
Number of dogs:	Number of cats:	Number of others:	Species:
PET'S NAME:	BREED:	AGE:	
SEX: <input type="checkbox"/> intact male <input type="checkbox"/> neutered male <input type="checkbox"/> intact female <input type="checkbox"/> spayed female			
PET LIVES: <input type="checkbox"/> inside <input type="checkbox"/> inside & outside <input type="checkbox"/> outside-fenced <input type="checkbox"/> outside- NO fence <input type="checkbox"/> outside-chained / tethered			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE IS PET NOW?	
PET'S NAME:	BREED:	AGE:	
SEX: <input type="checkbox"/> intact male <input type="checkbox"/> neutered male <input type="checkbox"/> intact female <input type="checkbox"/> spayed female			
PET LIVES: <input type="checkbox"/> inside <input type="checkbox"/> inside & outside <input type="checkbox"/> outside-fenced <input type="checkbox"/> outside- NO fence <input type="checkbox"/> outside-chained / tethered			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE IS PET NOW?	
PET'S NAME:	BREED:	AGE:	
SEX: <input type="checkbox"/> intact male <input type="checkbox"/> neutered male <input type="checkbox"/> intact female <input type="checkbox"/> spayed female			
PET LIVES: <input type="checkbox"/> inside <input type="checkbox"/> inside & outside <input type="checkbox"/> outside-fenced <input type="checkbox"/> outside- NO fence <input type="checkbox"/> outside-chained / tethered			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE IS PET NOW?	
FAMILY VETERINARIAN NAME		FAMILY VETERINARIAN PHONE	
Are the veterinary records in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what is the name on the records?			

New Pet Information

My new pet will spend its time (check all that apply): <input type="checkbox"/> Outside – Free Roam (No Fence) <input type="checkbox"/> Outside - Fenced <input type="checkbox"/> Outside – In a Pen <input type="checkbox"/> Outside – Chained/Tethered <input type="checkbox"/> Outside – On a Runner <input type="checkbox"/> If Outside – Leash Walked <input type="checkbox"/> Inside – Free Roam <input type="checkbox"/> Inside - Crated <input type="checkbox"/> Inside – Isolated to one room <input type="checkbox"/> In Garage <input type="checkbox"/> On Patio/Porch
How many hours per day will your new pet be alone? <input type="checkbox"/> 1 – 3 hours <input type="checkbox"/> 4 – 6 hours <input type="checkbox"/> 7 – 9 hours <input type="checkbox"/> over 9 hours
Are you prepared to take your new pet to the veterinarian for a physical/exam in the first week? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why?

<p>DOG ADOPTERS ONLY</p> <p>Do you have a fenced in area? <input type="checkbox"/> No <input type="checkbox"/> Yes - If "Yes", what type & height is your fence?</p> <p>Do you have outdoor shelter for the dog? <input type="checkbox"/> No <input type="checkbox"/> Yes - If "Yes", what type of shelter?</p> <p>Are you familiar with heartworms and heartworm prevention? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I would like more information</p> <p>I am prepared to deal with some behavioral issues with my new dog: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>CAT ADOPTERS ONLY</p> <p>Do you plan to declaw your cat? <input type="checkbox"/> No <input type="checkbox"/> Yes - If "Yes", which claws? <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Both</p> <p>If there is another animal in the home, are you familiar with how to successfully introduce your new cat? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I would like more information</p>

In signing this questionnaire, I certify that the information I have provided is true and that I understand the adoption requirements.

Applicant's Signature

Date