



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 () |
| 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 Statute 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"/> Own <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 | LANDLORD'S PHONE | |
| NUMBER OF ADULTS IN THE HOME | NUMBER OF CHILDREN IN THE HOME | AGES OF CHILDREN IN THE HOME |

I am completing this questionnaire in the interest of adopting

| |
|----------------|
| ANIMAL NAME: |
| KENNEL NUMBER: |

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 | | | |
| 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 | | | |
| 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 | | | |
| 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 | |
| May we contact your veterinarian as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

New Pet Information

| |
|---|
| My new pet will spend its time (check all that apply): <input type="checkbox"/> Outside – Free Roam <input type="checkbox"/> Outside - Fenced <input type="checkbox"/> Outside – In a Pen <input type="checkbox"/> Outside – Chained/Tethered <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 |
| 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 |
| DOG ADOPTERS ONLY Do you have a fenced in area? <input type="checkbox"/> No <input type="checkbox"/> Yes - If "Yes", what type & height is your fence? Do you have outdoor shelter for the dog? <input type="checkbox"/> No <input type="checkbox"/> Yes - If "Yes", what type of shelter? Are you familiar with heartworms and heartworm prevention? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I would like more information I am prepared to deal with some behavioral issues with my new dog: <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, I CAN NOT have a dog with the following behaviors: <input type="checkbox"/> High Energy <input type="checkbox"/> Food Aggression <input type="checkbox"/> Possession Aggression <input type="checkbox"/> Dominance <input type="checkbox"/> Housebreaking Issues <input type="checkbox"/> Vocalizing <input type="checkbox"/> Destructiveness <input type="checkbox"/> Separation Anxiety <input type="checkbox"/> Fear Behaviors <input type="checkbox"/> Escape Artist <input type="checkbox"/> Nipping <input type="checkbox"/> Not Good With Other Dogs <input type="checkbox"/> Not Good With Cats |
| CAT ADOPTERS ONLY 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 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 |

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 _____