

FLAGLER HUMANE SOCIETY ADOPTION APPLICATION

FOR OFFICE USE ONLY:

Adoption Counselor OK _____ Landlord OK _____ Office OK _____
Home Visit OK _____ ACO OK _____ No Adopt List OK _____
Control # _____ Animal Name _____
Total Adoption Fee _____ Pick Up Date _____

ATTENTION ADOPTERS: All potential adopters must agree to an educational home visit, by a volunteer, as part of our adoption process. Please answer all questions completely and truthfully. An incomplete application will not be considered.

PLEASE PRINT:

Name: _____ Spouse's Name: _____

Street & Mailing Address (If different) _____

City _____ Zip _____ Phone _____

Place of Employment _____ Phone _____

Do you own or rent? _____ Landlord's Name & Phone _____

How long have you been at this address? _____ Full time Florida resident? YES NO

Driver's License # _____ State _____

Do you currently have pets? YES NO Please list names, breeds, ages, sexes _____

Are your pets spayed/neutered? YES NO Are your current pets up to date on vaccinations? YES NO

Name of Veterinarian _____ Phone _____

Date of Last Visit _____ Account under what name _____

Who are you adopting this pet for? SELF FAMILY MEMBER OTHER

Have you owned pets in the past? YES NO

Have you adopted pets from this facility before? YES NO When? _____

Have you ever turned in an animal to a shelter or given a pet away? YES NO

If yes, explain _____

As many of our animals have unknown backgrounds and it is possible that an undetected illness may be incubating at the time of adoption, do you have sufficient income to provide medical care for a pet should the need arise following the adoption? YES NO

Where will this pet be kept? INSIDE OUTSIDE BOTH Type of Shelter _____

Where will this pet sleep? INSIDE OUTSIDE BOTH Type of Shelter _____

Are there children in your household? YES NO If yes, ages

Do all adults living in your household agree to the adoption of this pet? YES NO

Where did you hear about our shelter? WALMART WEB NEWSPAPER RADIO OTHER _____

FOR DOG ADOPTERS ONLY:

Will someone be home with the dog during the day? YES NO

Will your dog be placed on heartworm preventative throughout the year? YES NO

Do you have a flea control plan for your dog and its environment? YES NO

FOR CAT ADOPTERS ONLY:

Will your cat be vaccinated against feline leukemia and other diseases according to veterinary requirements?
YES NO

Will your cat be indoors only? YES NO

Your adoption fee covers distemper 5 in 1 vaccines, wormers, flea treatments and basic medications administered while the animal is in our care, rabies vaccination and tag, spay or neuter surgery, bag of Science Diet pet food, and a goodie bag.. Any medications deemed necessary by the veterinarian at the time of pick up will be extra. Your adoption fee also provides for a free office visit with local participating veterinarians. We recommend that you schedule this within 2 weeks of adopting your new pet.

We want you and your new family member to live a long and healthy life together. If you have any questions, at any time, feel free to ask us, we will be happy to assist you in any way that we can.

YOU ARE REQUIRED TO PROVIDE A DOG COLLAR AND LEASH OR CAT CARRIER FOR YOUR NEW PET WHEN YOU PICK HIM/HER UP.

For your convenience collars, leashes and carriers are available to purchase at the shelter.

I have read, understood and agree to all terms of this adoption application. Furthermore, I have answered all questions truthfully to the best of my knowledge. I understand that my application can be turned down for any reason an agent of the Flagler Humane Society deems as unacceptable and that adoptions are non-transferable and non-refundable.

Adopter understands that by taking possession of this animal, he/she assumes full responsibility for any and all routine veterinary care following adoption.

Additionally, adopter understands that this animal may be harboring a medical condition which is not apparent during it's time at the shelter, and that should such a condition become apparent after adoption, he/she assumes full responsibility for any related veterinary care.

Signature of Adopter

Date

Shelter Employee/Volunteer
