



DOG OR CAT ADOPTION APPLICATION

ANIMAL NAME _____ ID # _____

ABOUT YOU:

Your Name _____ Spouse's Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Driver's License # _____ State _____

Email address *(required for pet insurance gift)* _____

Emergency Contact _____ Phone _____

Are you 18 years of age or older? Y N

THINGS TO KNOW ABOUT ADOPTION FROM HSP:

Our staff at HSP have examined this pet medically and behaviorally. We make every effort to offer for adoption only healthy, even-tempered animals, however, we can make no guarantees as to the pet's health or behavior. The HSP will NOT reimburse you for any veterinary expenses under any circumstances. It is important that you take great care in selecting your new pet so that you are completely satisfied with its temperament and health. Please initial if you are satisfied with the pet you have selected: _____

You will be required to have your new pet examined by a veterinarian of your choice within 7 days of adoption, at your own expense. If the veterinarian deems the pet to be unhealthy at that time, you may return the pet to HSP for an exchange. This is the only circumstance in which an exchange will be allowed. Please initial if you agree to these conditions and understand this policy: _____

If you decide after adopting that the pet is not right for your family, or if you ever need to relinquish ownership of the pet, HSP will accept return of the pet at any time. However, because your adoption fee will be applied toward expenses already incurred, the fee will NOT be refunded and may NOT be applied toward adoption of another animal. Please initial if you understand this policy: _____

If for any reason you must relinquish ownership of this pet in the future, we ask that you return it to HSP. Alternatively, if you have found a suitable home for the pet, you must contact HSP immediately with the new owner's name and contact information. Please initial if you agree to these conditions: _____

From the time your new pet leaves our shelter, you will be responsible for providing for ALL of this pet's physical, medical, and behavioral needs, including annual vaccinations and any necessary medical treatment, at your own expense. This amount may total several hundred dollars in the first year alone. Please initial if you understand and are willing to accept this responsibility and cost: _____

Why do you want to adopt a pet? _____

Do you realize a dog or cat may live 15 years or more? Y N

Do you agree to care for this pet for the duration of its life? Y N

It may take your new pet two weeks or more to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? Y N

Did you come in today looking for a specific pet? Y N

If Yes, where did you find out about the pet?

TV Radio Newspaper Which station or paper? _____

HumaneSocietyofPinellas.org Petfinder.com Petango.com Facebook

Word of mouth Other _____

Are you applying to adopt the pet you came in to see? Y N

How many adults live in your home? _____ How many children? _____ Children's ages: _____

Are there children who visit your home regularly (grandkids, neighbors, etc.)? Y N

If Yes, what are their ages? _____ Have they been introduced to this pet? Y N

Is anyone in your household allergic to pets? Y N

If Yes, how will you manage the allergies? _____

Where do you live? House Mobile Home Condo Apartment Other _____

Do you Own your home Rent Lease Live with parents Other _____

If you are not the property owner:

Landlord _____ Phone _____

Is a security deposit required? Y N Are there any breed or weight restrictions? Y N

Verified by: _____

Do you have a fenced yard? Y N If Yes, what kind? _____ How tall? _____

How long will this pet spend outdoors each day? _____

How long will this pet be left alone each day? _____

Where will the pet be kept when he is alone (crate, enclosed room, loose in house, etc)? _____

When and where will you exercise this pet? _____

Do you own a pickup truck? Y N If Yes, where will the pet ride? _____

Have you spent time with in a visiting pen with the pet you are interested in adopting? Y N

Has everyone else who lives in your home met and spent time with this pet? Y N

Who will be primarily responsible for the care of this pet? _____

Have you talked with a staff member about this pet? Y N

What are this pet's known behavior problems? _____

How will you manage or prevent inappropriate behaviors? _____

Check the bad pet habits you can't tolerate:

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Excessive barking or meowing | <input type="checkbox"/> Jumping up on people | <input type="checkbox"/> House soiling | <input type="checkbox"/> Chewing | <input type="checkbox"/> Digging / scratching |
| <input type="checkbox"/> Climbing on furniture | <input type="checkbox"/> Jumping on counters | <input type="checkbox"/> Biting / scratching | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Shyness / Fear |
| <input type="checkbox"/> Guarding food or objects | <input type="checkbox"/> Getting into garbage | <input type="checkbox"/> Running away / escaping | <input type="checkbox"/> Aggression toward other animals | <input type="checkbox"/> Aggression toward people |
| <input type="checkbox"/> Excessive shedding | <input type="checkbox"/> Other _____ | | | |

What will you do if this pet starts displaying the habits you marked? _____

Describe any pets CURRENTLY living in your home:

Name	Type of animal & breed	Age	Spayed or Neutered?	Where kept? (i.e. inside, outside, garage)	Vaccines current?	Verified by:

Veterinarian _____ Phone number _____

Describe any other pets you have owned in the past 10 years:

Name	Type of animal & breed	Spayed or Neutered?	Reason for no longer owning pet

What changes to your lifestyle do you foresee during the expected lifetime of this pet (moving, baby, new household members, new job, etc.)? _____

What will you do with the pet when these changes arise? _____

What will you do with the pet if you travel or take a vacation? _____

How much money do you think it will cost annually to own this pet? _____

Have you ever incurred any extraordinary expenses for a pet? Y N

If Yes, describe: _____

Round Up!



Round today's total to \$100 and help HSP care for pets who are still waiting for their forever homes!

- Yes! I want to Round Up!**
- I'll give a different amount in addition to my adoption fee:
\$ _____
- No thanks, not today

ABOUT THIS APPLICATION:

In order to be considered for adoption from the Humane Society of Pinellas, you must: be at least 18 years old and present a valid ID, have the approval of your landlord and everyone living in your household (pets included!), and all your other pets must be currently vaccinated for rabies. HSP reserves the right to require a property inspection prior to approval of this adoption application.

If this all sounds good...

I understand this application must be approved before I will be permitted to adopt a pet from the Humane Society of Pinellas. I certify that the information on this application is true and correct to the best of my knowledge. I authorize investigation of all statements on this application. I understand that falsifications or omissions on this application will result in rejection of this application.

Signature _____ **Date** _____