



SMALL WONDERS 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 _____

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: _____

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. Please initial if you understand and are willing to accept this responsibility and cost: _____

Why do you want to adopt a pet? _____

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

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

If Yes, where did you hear about the pet?

TV Radio Newspaper Which station or paper? _____

HumaneSocietyofPinellas.org Petfinder.com Petango.com

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: _____

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 _____

Verified by: _____

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

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

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 _____

Would you like to give a donation in addition to your adoption fee today?

Yes! I would like to help HSP care for pets who are still waiting for their forever homes

I'll give: \$5 \$10 \$15 Other _____

No thanks, not today

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** _____