

PET ADOPTION APPLICATION

244 Hwy 65, Eastpoint , Florida 32328 Phone: 850-670-8417

www.forgottenpets.org : fcadoptioncenter@fairpoint.net

APPLICANT INFORMATION:

Name: _____ Date of Birth _____
Address _____ City _____ State _____ ZIP _____
Home Phone _____ Mobile _____ Work _____
E-Mail _____ Drivers License Number/State _____

ABOUT YOU:

1. Have you lived at your current residence less than 1 year? YES NO
2. If less than one year, previous address _____
3. What type of residence do you live in? HOUSE CONDO/TOWNHOME APARTMENT
4. If you lease or rent, are there any breed/pet restrictions YES No
5. Landlords Name _____ Phone _____
6. How many _____ ADULTS _____ CHILDREN are there in your household? Children ages _____

YOUR CURRENT PETS:

Please provide the following information for each pet living at your home.

BREED	AGE	SPAY/NEUTERED	OWNED HOW LONG?
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Have each of your pets received required vaccinations and medical care? _____

Are any of your pets adopted from a shelter? NO YES Shelter name _____

YOUR NEW PET:

1. What type of animal would you like to adopt? DOG CAT PUPPY KITTEN

2. Why are you adopting this pet? _____
3. How long do you expect this pet to live? _____
4. Do you believe training your dog is important? _____
5. Is there a specific breed you are looking for? _____
6. Why did you choose this breed? _____
7. How many hours a day will your pet be left alone? _____
8. Where will your pet live? _____
9. Do you have a fenced yard? _____
10. If no, how will you confine your pet outside? _____
11. In the event you can no longer provide for your pet, what will you do with it? _____
12. How much do you anticipate spending yearly on care for your pet? _____
13. How long are you willing to give your new pet to adjust to your home? _____

I understand that based on my responses to the questions and/or at the discretion of the Franklin County Humane Society I may be denied adoption of a particular pet. I understand that this does not necessarily mean I am unqualified to own a pet, but a particular pet, breed may not be best suited for my household.

I agree to keep my new pet up to date with all vaccinations and provide all necessary medical care, flea and tick and heartworm preventatives as well as provide affection, shelter and discipline needed to keep my pet happy and safe.

I understand that all pets adopted from FCHS will be spayed/neutered prior to adoption unless the procedure is deemed dangerous by a licensed Veterinarian.

I have completed this application truthfully and answered all questions to the best of my ability. FCHS has explained all questions pertaining to this application.

I agree to relinquish possession of this pet back to FCHS if any information I provided in this application is found to be false or misleading.

I agree to allow a representative from FCHS to visit my home and/or contact me with any questions or follow-up prior to and after the adoption of my pet.

I understand that no refund will be issued upon return of an animal after adoption.

Signature _____ **Date** _____

Signature _____
Date _____ **Approved** _____ **Denied** _____
Explanation _____
