

FLORIDA HUMANE SOCIETY
 MAIN SHELTER
 3870 North Powerline Road
 Pompano Beach, Florida 33073

Phone: 954-974-6152
 Fax: 954-974-6162



Coral Springs PetSmart
 4151 Turtle Creek Dr.
 954-753-0740

Pompano Beach PetSmart
 1410 NE 23rd St.
 954-283-2668

PRE-ADOPTION APPLICATION

NOTE: You must be 21 yrs. of age to adopt a cat; 25 yrs. of age to adopt a dog
Proof of age is required at time of adoption.
All pets in home must be spayed or neutered prior to adoption.

ADOPTER'S INFORMATION & QUESTIONNAIRE

Name of the cat / dog you are considering adopting.		Date
ADOPTER (1) NAME:		ADOPTER (2) NAME: REQUIRED IF LIVING IN SAME HOME
Street Address: Apt. # How long at current address?		
City/State/Zip:		
Home Phone:		
Cell Phone:		Cell Phone:
Email:		Email:
FL Driver's License # REQUIRED or Valid Florida I.D. #		FL Driver's License # REQUIRED or Valid Florida I.D. #
EMPLOYER		EMPLOYER
Address		Address
Length of Employment		Length of Employment
Work Phone Number		Work Phone Number
Are you a full time Florida resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		Seasonal resident? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of housing? Single Family Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Villa <input type="checkbox"/>		
Name of Development		
Does your Association permit pets? How many? ____ Is a Deposit Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Deposit Amount \$ _____ Weight Limit for Dogs, If Applicable _____ lbs.		
Do you own or rent? Own <input type="checkbox"/> Rent <input type="checkbox"/> Do you have permission to have pets? Yes <input type="checkbox"/> No <input type="checkbox"/> How many? ____ copy of lease? <input type="checkbox"/>		
If you rent, please provide the name and phone number of your landlord.		
Name:		Phone Number:

Do you have a fenced in yard? Yes what type? _____ No Screened Patio? Yes No Pool? Yes No
how high? _____

Do you plan on moving in the next 6 months? Yes No

If you move, what will you do with your pet(s)?

Do you or does anyone in your household have allergies or asthma? Yes No

What member of the family will be taking the **MAJOR** responsibility of caring for this pet?

List the names and ages of the members of your household below. **(INCLUDE YOURSELF)**

Adopter's Name	Age
Name/Relationship	Age
Name/Relationship	Age
Name/Relationship	Age

Have you ever had a cat or dog? Yes No
(LIST ALL ANIMALS YOU CURRENTLY HAVE)

(D) Dog Name & Breed (C) Cat Name (Other)	Age	Spayed/ Neutered Yes or No	Up to Date On Shots Y/N Dogs: Current on Heart Worm Prev? Y or N Type: _____	Cats Declawed Y/N	(Healthy or – Under Vet Care)

(LIST ANY ANIMALS THAT YOU HAVE PREVIOUSLY HAD AND ARE NO LONGER WITH YOU)

Dog/Cat (Name) Indicate D or C	Age	Reason No Longer with You

Present or Previous Veterinarian, Address & Phone Number **(may be contacted to verify medical status of your pets)**

Have you ever turned in an animal to an animal shelter or Re-homed a pet? Yes No If yes, please explain why?

Have you ever put a cat/dog to sleep for any reason? Yes No If yes, please explain.

Is anyone home during the day? Yes No If so, who? If "No" – how many hours are you away from home?
Where will your pet spend most of the day? <input type="checkbox"/> Inside <input type="checkbox"/> Inside/Outside <input type="checkbox"/> Crated <input type="checkbox"/> Outside
If adopting a cat: Where do you plan to keep the litterbox?
Note: If you are pregnant or planning to become pregnant, you should avoid cleaning a litter box due to the risk of catching Toxoplasmosis. You should discuss with your doctor.
If adopting a cat: Do you plan to declaw? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you planning to let your cat outside? Yes <input type="checkbox"/> No <input type="checkbox"/>
What will you do if your new pet does not get along with your current pet or pets?
How long will you give your new cat/dog to adjust to its new home?
If your family status changes (new baby, married, divorced, job loss, relocation) who would keep the cat/dog?
If something happens to you (sickness, death, etc.) and you cannot take care of your pet(s) who will take care of them? Have you made provisions in a Will for your pets?
When you go on vacation, where will your pet(s) go and who will care for them?
Florida Humane Society is a "no-kill", nonprofit shelter. Are you aware that we are not affiliated with any other rescue groups, and if you need to relinquish the pet(s) that you adopted from us, please call Florida Humane Society at 954-974-6152. Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you hear about Florida Humane Society? Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/>
What do you think are the most important responsibilities of owning a pet?
Please supply the name, address and telephone numbers of two personal references (non-relatives). Name: _____ Phone: _____ Address: _____
Name: _____ Phone: _____ Address: _____
<input type="checkbox"/> I certify that the information I have given above is true and correct, and I hereby authorize the above listed veterinarian(s) to supply information regarding my pets to Florida Humane Society. I also give my permission to Florida Humane Society to contact the above listed landlord, my veterinarian, and my personal references.
<ul style="list-style-type: none"> • Florida Humane Society has the right to deny any application without any questions. • Florida Humane Society has the right to take back an adopted pet if they find the home is inadequate. • Each adoption is followed up with a phone call and/or visit to check on the animal that has been adopted.