

ADOPTION APPLICATION

PO BOX 772050 Miami, FL 33177-0035



Name of the dog(s) you are considering: _____ Date: _____

Your name: _____ Occupation: _____

Address: _____ City: _____ Zip: _____

Phones. Home: _____ Cell: _____ Work: _____

Employer: _____ Employer Address: _____

Email: _____

FL Driver's License # or Valid I.D. # _____

Type of housing:

- Single Family Home Apartment Condo
 Duplex Mobile Home

Do you own or rent? Own Rent (If application is approved, we will need a copy of your rental agreement)
If renting, please provide landlord's name and number so we can verify the ability to adopt

Does your landlord allow pets? Yes No

Do you have a fenced in yard? Yes No

Do you have a pool? Yes No

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

If you move in the next 6 months, what will you do with your pets?

Do you have young children? Yes No

If you have young children, how much time do you have for a dog?

What do you do with your pet while you are at work?

Where will the dog stay during the day?

Do you have other pets currently? Yes No | Are they spayed or neutered? Yes No

Please list all pets in the home (including small pets), ages, and temperament.

ADOPTION APPLICATION

PO BOX 772050 Miami, FL 33177-0035



How much is your limit for vet bills throughout the dog's life

Will you provide training for the dog if required? Yes No

Please list contact info for current veterinarian, if applicable.

Have you ever turned an animal into a shelter or given your animal to someone else? Yes No

Have you ever put your animal to sleep for any reason? Yes No

If you answered yes to either of the above questions, please explain

Are all the members of your household in agreement about adopting a dog? Yes No

Please list all the people in your home, including ages

Does anyone have any allergies/asthma? Yes No

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

How long will you give your new dog to adjust to it's new home?

What will you do if your dog doesn't get along with your current animals?

If your family status changed (new baby, married, divorced, job loss, relocation) Who would keep the dog?

If something happens to you (sickness, death, etc.) and you cannot take care of your pet(s), Who will take care of them?

When you go on vacation, where will your pet(s) go, and who will take care of them?

Please supply the name, address, and phone number of two personal references.

ADOPTION APPLICATION

PO BOX 772050 Miami, FL 33177-0035



Any other additional information you feel is important?

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 in regard to my I also give my permission to contact the above listed landlord and references.

Applicant Signature

How did you hear about us:

Facebook Instagram Google Other: _____