

**ADOPTION APPLICATION -- CALOOSA HUMANE SOCIETY, INC.
FILL OUT COMPLETELY FOR APPROVAL**

PRINT NAME: _____ **DATE:** ____/____/____
ADDRESS _____ **HOME PHONE** _____
CITY/STATE/ZIP: _____ **WORK PHONE:** _____

Please read the following section carefully. In order to be considered as an adopter today, you must:

- ❖ Be 18 years of age or older.
- ❖ Have current photo identification showing your age and present address.
- ❖ Be willing and able to provide training, medical care and loving attention for a pet.
- ❖ Pay adoption fee in full.
- ❖ Be able to take your new pet to a veterinarian within 10 working days for examination and treatments **AT YOUR OWN EXPENSE.**
- ❖ Have your new pet vaccinated against Rabies by a licensed veterinarian annually.
- ❖ Abide by all the rules in our Adoption Contract.
- ❖ Understand that the Caloosa Humane Society, Inc. reserves the right to deny any adoption application.

Veterinarian _____ phone # _____

PERSONAL INFORMATION

Drivers License # _____ State _____

Check type of housing: _____ How long at present address _____

Own Home ___ Own Condo ___ (If checked supply name and phone of association) _____

Rent Home ___ (If checked supply name and phone of Landlord.) _____

Government Housing ___ (If checked supply name and phone of contact person) _____

Other ___ (If checked supply information) _____

Are you planning to move within the next 6 months? _____

If you move, what will you do with your pets? _____

Do you have access to a yard? _____ Approx. size of yard _____ Fencing? _____

How many adults in household? _____ How many children? _____ ages _____

Who will be responsible for the pets care _____

Does anyone in household have animal allergies? _____

OFFICIAL USE ONLY:

Animal CR# _____	Name _____	Description _____	Approved _____
Counselor initials _____	Surgery date ____/____/____	Pd ID Chip _____	Denied _____
		Pd Ad _____	

PET HISTORY: What pets do you currently have in your home?

Please include small caged pets.

Type of animal name age sex altered where kept how long owned

List of pets owned in the past 10 years, other than those listed above.

Type of animal age sex altered where kept how long owned where now

Have you ever surrendered an animal to a shelter under any circumstances? _____
If yes, reason. _____

What is the main reason for wanting a pet? _____
How many hours a day will pet be left alone? _____
Where will pet be kept during the day? _____
Where will pet be kept at night? _____
If you plan to leave pet outdoors, describe outdoor shelter you will provide.

How long do you plan to keep pet? _____

If you must give up the pet, you are required to bring it back to this shelter.

Do you object to inspection of your premises by an authorized agent of the Caloosa Humane Society, Inc.?
Yes _____ No _____

I HEREBY RELEASE TO THE CALOOSA HUMANE SOCIETY, INC. ALL VETERINARIAN MEDICAL RECORDS OF ANY AND ALL ANIMALS I OWN OR HAVE OWNED FOR THE PROCESS OF THIS ADOPTION APPLICATION. I CERTIFY THAT ALL THE INFORMATION IN THIS APPLICATION TO BE TRUE & I UNDERSTAND THAT FALSE INFORMATION MAY CAUSE THE APPLICATION TO BE DENIED. _____

Initial

Signature _____ Date ___/___/___
