



ADOPTION APPLICATION

NAME: _____ DATE: _____
Last Name First Name M.I

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE:(____)_____ ALTERNATE PHONE:(____)_____

E-MAIL ADDRESS: _____

HOME INFORMATION:

How long have you lived at your current address? _____

What kind of home do you live in? ____ House ____ Condo ____ Mobile Home ____ Apartment

Do you rent or own your own home? _____ Own your home _____ Rent*

If you currently rent, please list the name, address and phone number of your landlord:

Landlord Name: _____

Landlord Address: _____

Landlord Phone Number: _____

Does your landlord allow pets? ____ Yes ____ No

If yes, are there size, weight or breed restrictions? ____ Yes ____ No

***All adoptions to renters are subject to landlord approval before the adoption can be finalized.**

FAMILY INFORMATION:

Do you have children? ____ Yes ____ No

If yes, how many children do you have? _____ How old are your children? _____

How many adults live in your household? _____

Is anyone in the household allergic to pets? ____ Yes ____ No ____ Unknown

EMPLOYMENT INFORMATION:

Employer: _____ Job Title: _____

Address: _____ City: _____

How long have you been with this employer? _____ Work Phone: _____

PET INFORMATION:

How many cats do you presently own? _____ How old are the cats? _____

How many dogs do you presently own? _____ How old are the dogs? _____

Are your pet's vaccinations current? ____ Yes ____ No

Veterinarian name: _____

Do you keep your pet(s) outside? ____ Yes ____ No

Do you have a fenced backyard with adequate shelter from the sun and rain? ____ Yes ____ No

Where will you keep your new adopted pet(s): ____ Inside ____ Outside

REFERENCES:

Please provide the names of two (2) local references:

1. Name _____ Phone Number: _____

Relationship to Adopter: _____

2. Name _____ Phone Number: _____

Relationship to Adopter: _____

THE ADOPTION OF A PET IS A SERIOUS MATTER! PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL EACH ITEM. ALSO, SIGN AND DATE BELOW

- ____ I certify, to the best of my knowledge, that the information provided on my application is accurate and true.
- ____ The pet I am adopting is for my own family.
- ____ I understand that a field investigation may be required BEFORE approval of my application. I further understand that the animal I wish to adopt today may no longer be available for adoption when my application is approved.
- ____ I understand that my Application for Adoption may be denied by Broward County Animal Care and Adoption Center.
- ____ I understand that my application will be held on file for 90 days.
- ____ I have an understanding of the requirements and responsibility of pet ownership.
- ____ I have researched my city ordinance or Homeowners/Condo Association for any ordinance or bylaws regarding pet ownership.
- ____ I have received a copy of Broward County Animal Laws and agree to abide by the Chapter 4 County ordinance relating to the care, health and licensing of my adopted pet(s).
- ____ I agree to allow Broward County Animal Care and Adoption Center -- at any time within one year of this adoption -- to investigate the premises where my adopted pet will be kept.

- I understand that at any time during a premises investigation, Broward County Animal Care and Adoption Center may reclaim my adopted pet if Animal Care staff determines that the animal is not being cared for adequately.
- I agree to hold harmless Broward County from any and all liability, damages, debts, costs or expenses incurred during my possession of the adopted pet.
- I understand that if I place a deposit on an animal, I will have 48 hours from the time I am contacted by Broward County Animal Care to pick up the animal. If I do not make contact within 48 hours, Broward County Animal Care will contact the second adopter and my right of first adoption will be forfeit.
- It is my responsibility to provide Broward County Animal Care and Adoption Center with my current and working telephone number for contact purposes.
- I understand that Broward County Animal Care and Adoption Center has a 14-day return policy. Refunds on cash transactions may take 6-8 weeks to be received. No refunds will be issued after the expiration of 14 days from the date of the adoption.

Signature

Date

TO BE COMPLETED BY ANIMAL CARE PERSONNEL ONLY

Address Verification: _____

Driver's License No: _____ State _____

Driver's License Date of Expiration: _____

Field Investigation:

_____ Required (please attach Field Investigation Form to this Application)

_____ Not Required

Application:

_____ Approved

_____ Not Approved

If not approved, please state reason:

Adopter learned about our Adoption Program through which of the following:

___ Brochure ___ Yellow Pages ___ TV ___ Radio ___ Friend/Family ___ Newspaper

___ Internet ___ Vet Office ___ Humane Society ___ Pets of the Week ___ Other

ACAC Representative's Signature