



# Application for Adoption



21287 Boca Rio Road  
Boca Raton, FL 33433  
(561) 482-8110

You are interested in adopting  DOG  CAT Do you have a specific pet in mind? \_\_\_\_\_

Are you aware that adopting a pet is an 18+ year commitment? \_\_\_\_\_

Your Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employment: Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

(If self-employed list type of business) How long have you held this position? \_\_\_\_\_

Housing:  Own  Rent (*if so, you must have lease copy that shows pet policy*)

Single Family Home  Mobile Home  Apartment  Condo  Townhouse

Landlord Name/Phone Number: \_\_\_\_\_ Community Name: \_\_\_\_\_

Number of Adults (+18) in Household: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you:  Single  Married  Have Children: Number of children & Their Ages: \_\_\_\_\_

Anyone in household have Allergies/Asthma? (Please specify) \_\_\_\_\_

Number of animals in household: \_\_\_\_\_ Breeds: \_\_\_\_\_ Names: \_\_\_\_\_ Ages: \_\_\_\_\_

Heartworm Medication Current? Yes / No Pets' Vaccines Current? Yes / No Pet Spayed/Neutered? Yes / No

Current Veterinarians Office Used: \_\_\_\_\_ Phone #: \_\_\_\_\_

**IF NONE:** When was the last time you had a pet? \_\_\_\_\_

What happened/Where are they now? \_\_\_\_\_

How many hours alone will the pet spend per day on average? \_\_\_\_\_

Where inside the house will your pet stay when you are not home? \_\_\_\_\_

If your pet becomes sick or injured, are you prepared to afford the medical costs?  Yes  No

If there is any reason you can no longer care or provide a stable home for your pet, what will you do with them?

Have You Ever Taken an Animal to a Shelter?  Yes  No

**If so**, when and why? \_\_\_\_\_

Do You Plan on Moving Soon? If So, When? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

Reviewed By: \_\_\_\_\_

UTD: Yes/No Sterilized: Yes/No

Proof of Address: \_\_\_\_\_



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Have ALL the members of your household agreed to this adoption?  Yes  No

Is everyone in the household present?  Yes  No

If any household members are not in favor of this adoption, what are their concerns/objections? \_\_\_\_\_  
\_\_\_\_\_

If your pet is home alone for more than 5 hours what will your provisions be to care for them in your absence?  
\_\_\_\_\_

Where will your pet be when you are out of town?  
\_\_\_\_\_

What characteristics would make a pet best fit into your home?  
\_\_\_\_\_  
\_\_\_\_\_

What is your preferred level of exercise with your dog? How active is your home?  
\_\_\_\_\_

Do you have a fenced in yard?  Yes  No

Please tell us about the dog's weekly schedule as it relates to your own schedule.  
What is the average amount of hours during the day will your pet be home *alone*?  
For example, is everyone gone to work between 8:00 am and 4:00 pm?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Which members of the household will be the primary care givers during an average day?  
\_\_\_\_\_



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What will be your pet's personal space when you are **NOT** at home? Check all that apply.

- Anywhere inside the house
- Crating
- Designated area (gated-in kitchen, room with closed door, etc)
- Left outside

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Which of the following behaviors or characteristics present an intolerable problem for you?  
Check all that would apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Barking/howling                   | <input type="checkbox"/> Digging           |
| <input type="checkbox"/> Jumping up on people/furniture    | <input type="checkbox"/> Not housebroken   |
| <input type="checkbox"/> Chewing on shoes/furniture        | <input type="checkbox"/> Teething/Nibbles  |
| <input type="checkbox"/> Shedding (Preference or Allergy?) | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other: _____                      |  |

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If any of the above issues were to apply to your new pet, how will you address them?

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Would you consider taking your pet to professional training if needed?

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If the above selected behavioral issues were to persist, would it result you in returning the pet?

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If for any reason you were to pass away before your pet, who would then claim ownership?

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Do you have any doubts or hesitations on long term adoption?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_