**Upper Keys Humane Society**

**101617 Overseas Hwy., Key Largo, FL 33037305.451.3848**

**Adoption Application & Agreement**

**Animals Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species: \_\_\_\_\_\_\_\_\_\_\_\_\_Sex: \_\_\_\_\_\_\_\_\_\_\_**

We are pleased that you are interested in adopting one of our “family” members. It will reward you with unending love and devotion. As with any responsible Shelter we must try to provide each animal with a GOOD permanent home, thus we ask you to please supply us with the following information.

**Identification**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many years: \_\_\_\_\_\_\_\_\_\_ Hours spent at work: \_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Roommate’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours spent at work: \_\_\_\_\_\_\_\_\_

**Housing**

Do you rent or own? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **If you rent, we will need a letter of approval from your landlord.**

If you own, how many years have you resided there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you rent Landlords Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landlords Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are animals allowed? \_\_\_\_\_ Are there any restrictions? If restrictions, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have a yard: \_\_\_Yes \_\_\_No Is the yard completely fenced: \_\_\_ Yes\_\_\_ No

**Household Members**

Number of adults: \_\_\_\_\_\_\_ Number of children: \_\_\_\_\_\_\_\_\_\_\_\_\_ Ages of Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roommates/Spouses’ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone in your home allergic to dogs or cats? \_\_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_\_no

**Pet History**

List the animals by name that have been part of your family during the last 5 years. Indicate the status of each using the following codes:

 **A/Still with me B/Lost/ran away C/Euthanized D/Dead E/Sold F/Gave away**

|  |  |  |
| --- | --- | --- |
| **PETS NAME** | SPECIES | STATUS |
|  |  |  |

Name of your veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are your pets: \_\_\_\_\_Indoor only \_\_\_\_\_Outdoor only \_\_\_\_\_Both If both, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are your pets current on their vaccinations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are all your pets spayed and/or neutered: \_\_\_\_Yes \_\_\_\_No If no, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How will the pet receive exercise:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where will the pet be kept \_\_\_\_Loose Indoors \_\_\_\_Closed in a room \_\_\_\_Fenced yard \_\_\_\_Crate or Carrier or Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you adopted from us before? Yes\_\_\_\_ No\_\_\_\_\_

Are you financially responsible to pay for regular vet exams, regularly due vaccinations heartworm and flea/tick preventatives and do you agree to pay for any emergency treatment? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you agree to regular and proper care for the animal? Yes\_\_\_\_\_ No\_\_\_\_\_

**Adoption Agreement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_enter into this agreement to adopt Animals Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge receipt from U.K.H.S. of the animal described above. I appreciate you making no warranty regarding it, be it ownership, condition, or otherwise. I understand that I am voluntarily adopting, and it may have medical needs, socialization problems, and may not be housebroken. I will not hold the Upper Keys Humane Society responsible for any illness of the animal nor for any damage that the animal may do to any person or property. If at any time I desire to relinquish custody or U.K.H.S. demands its return for any reason, I agree to return the animal to U.K.H.S., making no charges of any character for licensing, care, food, or other services.

I shall be personally responsible for the humane care and control of the animal, and your agent shall be allowed to see it at any time. I further understand that any sum I have given to U.K.H.S. is a donation towards its work in caring for this and other animals.

I acknowledge that this animal I am receiving is either spayed or neutered. **If the animal is too young to be altered, I acknowledge and agree that I will do so before six (6) months of age.** If the animal is under one (1) year of age, I understand that I am responsible for taking the animal to the veterinarian used by U.K.H.S. The veterinarian will continue with the required vaccinations and, at the age of six (6) months, will spay or neuter the animal. This is a prerequisite for all adoptions from the U.K.H.S. and is paid for by the U.K.H.S.

I agree to provide U.K.H.S. representative access to all parts of my home and property for a home inspection before my adoption application is approved. I agree that if I refuse or fail to comply with any provision of this agreement, U.K.H.S. has the right to terminate this agreement and has the right to the immediate surrender and return of my animal, I further consent to provide U.K.H.S. access to my premises, if necessary, to facilitate the return.

Veterinary procedures covered by this adoption agreement include basic spaying or neutering, required shots, and a microchip. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant initials).

 If optional services, procedures, or additional tests are performed once the animal leaves our care, it will be the financial responsibility of the adoptee, not Upper Keys Humane Society; our adoption fee does not cover IV fluids, teeth cleaning, additional tests, etc.. \_\_\_\_\_\_\_\_\_\_\_\_\_ (applicants initials).

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adoption fees are as follows: Dogs $300 Cats $100**

U.K.H.S. Staff use only: Initial each box

**\_\_\_\_\_\_\_\_Attached a copy of DL**

**\_\_\_\_\_\_\_\_Payment Received $\_\_\_\_\_\_ Cash/Check/CC (circle one)**

**\_\_\_\_\_\_\_\_Form is filled out completely & signed by applicant**

**\_\_\_\_\_\_\_\_Micro Chip information attached #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_Rabies tag # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_Home visit completed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**