

# Upper Keys Humane Society

101617 Overseas Hwy., Key Largo, FL 33037 305.451.3848

## 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. the animal described above. I appreciate you make 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 damages which 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 prior to 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 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 spay or neuter, required shots and a microchip. \_\_\_\_\_ (applicants 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; IV fluids, pain medication, teeth cleaning, additional tests, etc. are not covered by our adoption fee. \_\_\_\_\_ (applicants initials).

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

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

\$200

\$150

**Adoption fees are as follows: Dogs Cats**

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 \_\_\_\_\_

