• PET WELFARE •



PET WELFARE ADOPTION APPLICATION

This questionnaire must be completed by anyone interested in adopting a pet from this facility. The following information is requested so that our adoption counselors can assist you in the selection of a new pet. **The animal's welfare is our foremost consideration.** This consultation process is designed to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal most compatible with your lifestyle.

- Applicants must be 18 years of age or older.
- We reserve the right to refuse adoption/placement to anyone. Approval and refusal decision are made solely at the discretion of Pet Welfare (PW).
- Falsifying information on the application will result in disqualification from adoption.
- By submitting and signing this application, you give permission for PW to investigate and confirm the information that you provide and agree to a home visit prior to approval and/or after adoption/placement, if required. You agree that this information can be shared with other shelters and rescue groups. You give PW permission to contact your veterinarian for medical information on any/all animals that you have cared for.

Date		Desired Pet's Name			
Circle one: Dog / Puppy / Cat / K	itten				
Name	Email Address				
Complete Current Address		City/State/Zip			
Home Phone	Work	Cell			
Please answer the following ques	tions honestly. It will help us help you s	elect the right pet for your family.			
Other (please explain) 2. Do you have any preferences a 3. What qualities are you looking		dopt? Be specific (examples: active.	, playful vs. mellow,		
4. How many live in your househousehousehousehousehousehousehouse		Has formal allergy testing been	done? yes / no		
	bringing a pet into the house?				
6. Who will be responsible for the	care of this pet?				

7. Does anyone in your household have concerns about adopting this pet? yes / no

If so, who, and what are the concerns?
8. Have you or anyone in your household ever been convicted of an animal related felony or misdemeanor? yes / no If yes, please explain:
9. Place of employment Weekly schedule
Spouse's Place of employmentWeekly schedule
Do you or your spouse travel frequently? yes / no
10. Is residence a (circle one): house / condo / apartment / duplex / mobile home / townhouse? How long at this address? Rent, Own, or Base Housing? Are you planning to move soon? yes / no If yes, where/when? If yes, will you be relocating your pets? yes / no If you rent: Does lease allow pets? yes / no How many? Is there a weight/size restriction? Is a pet deposit required? yes / no If yes, how much? \$ per pet / per household
Can proof of deposit be obtained from your landlord? yes / no When does your lease expire?
Landlord or Property Mgr's name Daytime phone
11. Have you applied at Pet Welfare or another shelter before? yes / no Name of shelter:
13. Have you ever lost a pet due to (check all that apply): ran away hit by a car died by other animal attack given away None
14. Please list all the pets you have had in the past 5 years including current pets: Name Type Breed Sex Spay/Neuter? Age Indoor/Outdoor/Both? Where is it now? M/F Y/N M/F Y/N
M/F Y/N M/F Y/N
M/F Y/N
M/F Y/N
M/F Y/N
M/F Y/N
15. Has a pet died <i>on your premises</i> within the past 3 months? yes / no If yes, cause?
16. Are you current pets' vaccinations current? yes / no
What type of heartworm preventative do you use? Flea/tick preventative? Phone: Phone:
Current veterinarian clinic: City/State:Phone:
17. Will the new pet be kept (circle one): mostly inside / mostly outside / totally inside / totally outside
18. How long will this pet be left home alone during the day? hours X days per week
19. Where will your pet stay when it is left alone at home?
20. Where do you expect this pet to sleep at night?
21. What will you do with this pet when you go on vacation?
22. If you experience a <i>major</i> lifestyle change (i.e. birth, death, divorce, move) what will you do with this pet?
23. Have you considered the costs involved in having a pet (food, vet care, housing, etc.) and the life span of the animal? yes / no
24. Okaloosa County requires all pets to be vaccinated and to be licensed ANNUALLY and when off premises, dogs must be leashed. Cats are not allowed to leave YOUR property. Do you agree to abide by these requirements? yes / no

25. If you live on base, base regulations require that your pet be registered with the base veterinarian and that there be no more than 2 pets unless a waiver has been approved prior to obtaining the additional pet. Do you agree to abide by these requirements? yes / no

QUESTIONS #26 – 32 TO BE COMPLETE 26. Do you have a fenced in yard? yes / no 27. How will you keep the dog confined (cir 28. Do you realize that you will probably ha If yes, how? 29. Are you familiar with heartworm disease 30. Is outdoor shelter available? yes / no	What kind? rcle all that apply)? on lea we to housetrain this dog? e? yes / no Do you pla If yes, what kind?	sh / in house / fenced yard / yes / no Have you	done this before? yes	/ no
31. If you have cats, have they been exposed 32. No dog is perfect. Please tell us what be aggression towards other dogs scratching at doors destructive chewing eliminating in the house other:	ehaviors you are unwillingaggression towards catsthunderstorm anxietyjumping updigging	s aggression tow separation anxi	check all that apply). ards kids barking ety mouthing r escaping	
QUESTIONS #33 – 37 TO BE COMPLETE 33. Do you plan to declaw this cat? yes / no 34. Have you litter box-trained cats before? 35. Is there a doggie door? yes / no 36. If you have dogs, have they been expose 37. No cat is perfect. Please tell us what bel scratching furniture or carpet eliminating outside the litter box	o If yes, and yes / no Where we will the case do to cats before? yes / no haviors you are unwilling of	re you familiar with alternat will you keep the litter box? t be using it? yes / no or unable to work through (c	heck all that apply).	
*********** I have answered the screening questions trutl information is grounds for refusal of adoptio	hfully to the best of my abi	lity. I understand that any r	nisrepresentation of this	
(Applicant's Signature)		(Co-applicant's Si	gnature)	
**************************************	FARE USE ONLY – DO	NOT WRITE BELOW TH	IIS LINE	
Application accepted by Comments:		Date		
Adopter/Interviewer		Date		
Approved	Rejected	Tentatively approved		
Reason for rejection:				
Other comments or conditions to this adoption	on:			
Notes:				