

Adoption Application – Page 2

Other pets (specify number of each): Dogs ____ Cats ____ Other _____

If you have any dogs or cats, are they spayed or neutered? Yes ____ No ____

What pets have you had in the past? _____

What happened to the ones you no longer have? _____

What would happen to the dog if you moved: Locally? _____

Out of state? _____

Out of the country? _____

Where would the dog go when you go for vacation? _____

Do you have a regular veterinarian? Yes ____ No ____

If yes, vet's name _____ Name of Clinic _____

Address _____ Phone _____

Does anyone in your household have allergies: Yes ____ No ____ What kind? _____

How would you train this dog? (Check all that apply)

____ Obedience school ____ Hit with newspaper ____ Choke collar

____ Firm verbal commands ____ Clicker/hand signals ____ Positive Reinforcement

____ Other (specify) _____

How and how often do you plan to exercise your dog? _____

Will you be committed to potty-train if needed? Yes ____ No ____

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at time? Yes ____ No ____

Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet? Yes ____ No ____

If your dog were injured or ill, are you committed to take him/her to the vet? Yes ____ No ____

Are you able to make a long term commitment to care for this dog for its entire lifespan, which could be as much as 10-20 years? Yes ____ No ____

Under what circumstances would you not be able to keep this dog? _____

Signature _____ Date _____

Humane Society of Florida, Inc. reserves the right to refuse adoption to any client for any reason.
This questionnaire becomes part of our contract.