

**Humane Society of Florida, Inc.**  
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**Dog Adoption Agreement and Medical History Form**

MALE\_\_\_\_ FEMALE\_\_\_\_ ADOPTION FEE\_\_\_\_\_ BRANCH LOCATION\_\_\_\_\_

KENNEL NAME OF PET\_\_\_\_\_ EST. AGE\_\_\_\_\_

BREED/COLOR/DESCRIPTION\_\_\_\_\_

ADOPTER'S NAME (S) \_\_\_\_\_

ADDRESS\_\_\_\_\_ CITY\_\_\_\_\_ STATE\_\_\_\_ ZIP\_\_\_\_\_

BEST PHONE\_\_\_\_\_ # of CHILDREN\_\_\_\_\_ AGE OF YOUNGEST\_\_\_\_\_

NUMBER OF PETS IN HOME\_\_\_\_\_ CATS\_\_\_\_\_ DOGS\_\_\_\_\_ TYPES (sm/lg)\_\_\_\_\_

Humane Society of Florida (HSF) reserves the right to refuse any adoption.

1. I am adopting an animal from HSF and I understand that this animal was either stray or unwanted. This results in little known background information other than what has been determined by the animal rescue staff. There is no guarantee of any animals' health, behavior or overall disposition. Adoptions are strictly on an "as is" basis. It is possible an animal may harbor an illness or an incubation stage and may become ill after adoption.
2. I agree to provide regular and continuing veterinary care, food, and shelter in accordance with the needs of the animal. The animal will be kept as a family companion and no exceptions will be made. All animals are to be indoor pets only. I do understand that if any animal is kept as anything other than as a family companion it may be removed by a representative of HSF. Such removal shall constitute legal and rightful action by this organization. No animal can be donated or sold for research.
3. All pets go to their adoptive homes with rabies vaccinations and other shots according to their age.
4. All animals have been spayed or neutered in accordance with county and state laws and our own policy.
5. I agree that if the animal becomes ill within three (3) days of the adoption date, I will contact HSF so that prompt medical care can be obtained through one of HSF's veterinarians. HSF has special arrangements with their veterinarians and is not responsible for bills incurred through adopter's veterinarian. HSF observes animals closely when they are brought in, and provides needed veterinary care. I understand that HSF does not knowingly misrepresent any animal suspected to be in ill health or temperamentally unsuitable for adoption. All adopters are strongly encouraged to take the animal to your personal veterinarian as soon as possible and agree not to hold HSF, its volunteers or assistants responsible for any medical condition discovered more than three (3) days after adoption.

6. I agree not to abandon, give away, sell, or release the animal to anyone other than HSF. If for any reason I cannot keep this animal, I agree to return the animal to HSF. However, I will give no less than two weeks notice in case I no longer desire to retain the animal. Notice is intended to enable HSF to locate suitable foster placement for the animal. I agree to retain the animal until HSF can make suitable placement.
7. I agree any sum given for the adoption of any animal from HSF is regarded as a voluntary gift and shall not be subject to refund. However, an animal found to be unsuitable to the adopter for a valid reason will be exchanged for another within the time specified by HSF. We want people and their animals to be happy together. Most of these animals have already been abandoned once. We don't want it to happen again.
8. I understand that I am entitled to one (1) free check-up. This appointment must be kept within three (3) days of this adoption and must be made at the veterinarian to be selected by HSF. If I choose to select another veterinarian, I acknowledge that HSF will not have to pay for any medical bills incurred, including weekend or emergency visits.

**DONATIONS ARE MADE IN GOOD FAITH AND ARE NOT REFUNDABLE  
100% OF THE DONATION FEE IS USED TO CARE FOR OUR ANIMALS**

I certify that I have read and agree to all of the above.

ADOPTER \_\_\_\_\_ PRINT NAME \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_ DONATION \$ \_\_\_\_\_

The donation fee quoted covers some of the expenses incurred by HSF to the date of adoption including all required vaccinations and tests. In many cases, veterinary care is provided for the animal before adoption and actual costs are rarely recovered in full. We sincerely thank you for all donations.

**MEDICAL HISTORY**

<b><u>PROCEDURE</u></b>	<b><u>DATE DONE</u></b>	<b><u>DATE DUE</u></b>	<b><u>DATE DUE</u></b>	<b><u>TEST RESULTS</u></b>
SPAYED				
NEUTERED				
VACCINATION SERIES #1				
VACCINATION SERIES #2				
VACCINATION SERIES #3				
DEWORMING #1				
DEWORMING #2				
DEWORMING #3				
RABIES VACCINE				
PARASITE CONTROL				
HEARTWORM				