

Humane Society of Florida, Inc.
5801 Camino Del Sol Boca Raton, FL 33433
Phone: 561-962-1926 www.hsfla.org
email: humanesocietyflorida@gmail.com

ANIMAL ADOPTION APPLICATION

*** Completion of this application does not guarantee adoption of a dog from Humane Society of Florida ***

Name of applicant _____ Occupation _____

Name of Spouse/Significant Other _____ Occupation _____

Names (and ages) of children, if any _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Emergency Contact - Name _____ Best phone number _____

Do you live in a House _____ Apartment _____ Condo _____ Townhouse _____ Other _____

Own _____ Rent _____ If rent, do you have your landlord's permission to have a pet? Yes _____ No _____

Landlord's Name and Phone Number _____

How much of the time will the dog be outdoors? _____ How much time indoors? _____

About what percent of the time will the dog be left alone without humans? _____

Where will the dog be when left alone? _____

What area(s) of the house will the dog be allowed into? _____

What area(s) of the house will the dog NOT be allowed into? _____

Where will the dog sleep at night? _____

Do you have a dog proof fenced yard? Yes _____ No _____ if yes, how high is the fence? _____

Type of fence? _____ Are the gate(s) normally locked? Yes _____ No _____

Do you have a doggy door? Yes _____ No _____

Do you have a pool? Yes _____ No _____ If yes, is it fenced separately from the yard? Yes _____ No _____

Why do you want a dog? (Check all that apply)

_____ House pet _____ Companion for family _____ Companion for other pet
_____ Companion for children _____ Protection for home/family _____ Protection for business
_____ Watchdog _____ As a gift

_____ Other (specify) _____

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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.