



P.O. Box 67 994 County Road 529A
Lake Panasoffkee, FL 33538
Phone 352.793.9117
Fax 352.793.9119
hsspca.org
info@hsspca.org

From pocket pets to water buffalo ...
we're here to help.

OTHER ANIMAL ADOPTION APPLICATION FORM

PLEASE PRINT

Name of Animal: _____ Date: _____
Name of Applicant: Mr./Mrs./Ms. _____
Physical Address: _____
Mailing Address: _____
City, ST, Zip: _____
Daytime Tel.: _____ Cell: _____
D/L or ID #: _____ Email: _____
Circle One: M F Date of Birth (Optional): _____

YHSSPCA reserves the right to deny anyone to adopt any animal without explanation. Even if I am applying for a certain cat, I understand that animals are adopted to the best match and not first come, first served. My application may still be approved but may be better suited to another animal.

During the seven (7) day period from the date of adoption, YHSSPCA may refund the adoption fee for a returned animal. In no case will YHSSPCA refund other expenses incurred on behalf of the animal.

Questionnaire:

1. Is this your: ___ Year-round ___ Seasonal ___ Vacation Home Date Leaving: _____

2. How long have you lived at this address? _____
If less than 2 years, list your previous address _____

3. Will this pet live with you at your current address? ___ Yes ___ No If "No," where? _____

4. Do you: ___ Own this Home ___ Rent this Home ___ Live with your parents?
Type of home: ___ House ___ Apartment ___ Duplex ___ Villa
___ Mobile Home: Rent Lot Y/N ___ Condominium ___ Townhouse

Landlord name and phone number _____

5. List all adults in home:

Ages of all children:

6. Does anyone in the home have animal allergies? _____ Yes _____ No

7. What are your reasons for adopting a pet? _____ Companion _____ Children _____ Gift
Other reason, please explain: _____

Personality: _____

9. This animal will live: indoors/outdoors/both

10. Do you have any pets now? _____ If yes, list the types & individual names:

11. Are these pets' vaccinations current? _____

If not, why not? _____

12. How many pets have you had in the last 5 years? List names of pets.

What happened to them?

13. Please list your current veterinarian or one you have used in the last 5 years:

Veterinarian's Name: _____

Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

14. Provide two (2) **non-related** references if you do not have a veterinarian:

A) Name: _____

Phone #: _____ Relationship to you: _____

B) Name: _____

Phone #: _____ Relationship to you: _____

15. If you should move, what would you do with this pet?

16. Are you prepared to give the love your new pet needs and to assume its financial, training or retraining responsibilities? _____ Yes _____ No
17. If something were to happen to you what are your plans for this animal? _____
18. Have you ever been refused adoption of a pet by HS/SPCA or any other organization? _____
19. Have you ever been cited by Animal Services? _____
20. Have you ever turned a pet into an animal shelter? _____ Yes _____ No

If you answered yes to any of 18-20, please explain:

21. Where did you first learn of YOUR Humane Society SPCA?

Signature of Applicant: _____

Print Name: _____

Date: _____

