



1125 EASTERWOOD DRIVE ♦ TALLAHASSEE, FLORIDA 32311
 PHONE (850)891-2950 ♦ FAX (850)891-2977 ♦ TALGOV.COM/ANIMALS
 TUES – FRI 10:30-6:30 ♦ SAT 10:00-5:00 ♦ SUN 1:00-5:00 ♦ CLOSED MONDAY

ADOPTION QUESTIONNAIRE

Thank you for your interest in adopting an animal from the Tallahassee-Leon Community Animal Service Center. Incomplete or illegible applications will not be considered.

Personal Information

NAME		
HOME PHONE	WORK PHONE	
CELL PHONE	CELL PHONE PROVIDER	
ADDRESS		UNIT/APT #
CITY	STATE	ZIP
EMAIL ADDRESS		DATE OF BIRTH
Are you a current or former law enforcement officer, other covered employee or the spouse or child of a covered employee who is exempt from public records disclosure under Florida Statue 119.007? YES NO		

Household Information

TYPE OF DWELLING	Do you own or rent your residence?
LENGTH OF RESIDENCY AT CURRENT ADDRESS	Do you plan on moving within the next month? No Yes Unsure
LANDLORD'S NAME / PROPERTY OWNER NAME	LANDLORD'S / PROPERTY OWNER'S PHONE
NUMBER OF ADULTS IN THE HOME	WILL THIS ANIMAL BE EXPOSED TO CHILDREN IN THE HOME? No Yes If "Yes", how many children and what ages?

I am completing this questionnaire in the interest of adopting

ANIMAL NAME:	KENNEL NUMBER:
I AM INTERESTED IN THIS ANIMAL BECAUSE OF ITS: Age Behavior Color Size Breed Other, please explain:	

Please complete page two

Pet Experience

HOW MANY PETS DO YOU CURRENTLY HAVE?			
Number of dogs:	Number of cats:	Number of others:	Species:
PET'S NAME:	BREED:	AGE:	
SEX:			
PET LIVES:			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES?	Yes	No
WHERE IS PET NOW?			
PET'S NAME:	BREED:	AGE:	
SEX:			
PET LIVES:			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES?	Yes	No
WHERE IS PET NOW?			
PET'S NAME:	BREED:	AGE:	
SEX:			
PET LIVES:			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES?	Yes	No
WHERE IS PET NOW?			
FAMILY VETERINARIAN NAME		FAMILY VETERINARIAN PHONE	
Are the veterinary records in your name? Yes No If No, what is the name on the records?			

New Pet Information

My new pet will spend its time (check all that apply):	Outside – Free Roam (No Fence)	Outside - Fenced
Outside – In a Pen	Outside – Chained/Tethered	Outside – On a Runner
Inside – Free Roam	Inside - Crated	Inside- Isolated to one room
		In Garage
		On Patio/Porch
How many hours per day will your new pet be alone?		
Are you prepared to take your new pet to the veterinarian for a physical/exam in the first week? Yes No		
If No, why?		

DOG ADOPTERS ONLY			
Do you have a fenced in area?	No	Yes - If "Yes", what type & height is your fence?	
Do you have outdoor shelter for the dog?	No	Yes - If "Yes", what type of shelter?	
Are you familiar with heartworms and heartworm prevention?	No	Yes	I would like more information
I am prepared to deal with some behavioral issues with my new dog:	No	Yes	
CAT ADOPTERS ONLY			
Do you plan to declaw your cat?	No	Yes - If "Yes", which claws? Front Back Both	
If there is another animal in the home, are you familiar with how to successfully introduce your new cat?			
No	Yes	I would like more information	

By completing and submitting this form, I certify that the information I have provided is true and that I understand the adoption requirements.

Applicant's Signature