

HERNANDO COUNTY ADOPTION APPLICATION

| | |
|--|-----------------|
| To be completed by Animal Services Staff: | DATE/TIME _____ |
| PEN# _____ ID# _____ Description _____ | |
| DOG () CAT () OTHER () _____ | |
| SMCIM _____ WACOM _____ VACC/LIC _____ LANDLORD VERIFICATION _____ | |
| PENDING (Why) _____ | |
| APPROVED _____ DENIED (Why) _____ | |

APPLICANT TO COMPLETE THE NEXT FOUR SECTIONS

| |
|--|
| NAME _____ DATE OF BIRTH _____ |
| HOME PHONE # _____ CELL PHONE # _____ |
| HOME ADDRESS _____ |
| ADDRESS WHERE ANIMAL WILL BE KEPT _____ |
| OWN ____ RENT ____ IF RENTING, ARE YOU ALLOWED TO HAVE PETS? _____ |
| LANDLORDS NAME AND PHONE # _____ |

LIST NAMES & AGES OF OTHER PERSONS RESIDING WITH YOU AND THEIR RELATIONSHIP TO YOU

| NAME | AGE | RELATIONSHIP |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

YOUR EMPLOYER _____ PHONE _____

SPOUSES EMPLOYER _____ PHONE _____

LIST ALL DOGS & CATS IN HOUSEHOLD AND INFORMATION REQUESTED BELOW

| DOG/CAT | NAME | RABIES EXP. DATE | COUNTY LICENSE # |
|---------|------|------------------|------------------|
| | | | |
| | | | |
| | | | |

| |
|--|
| VETERINARIAN _____ PHONE # _____ |
| DO YOU HAVE A DOGHOUSE OR SHELTER? ____ IF ADOPTING A CAT WILL BE INSIDE/OUTSIDE/BOTH? _____ |
| REASON FOR WANTING THE ANIMAL (GIFT, COMPANIONSHIP, GUARD DOG, ETC.) _____ |
| IF GIFT, NAME/ADDRESS OF RECIPIENT _____ |

BY MY SIGNATURE BELOW I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

APPLICANT'S SIGNATURE

DATE