



adoptions
 cruelty prevention
 public pet education
 animal rescue & foster care
 disaster animal rescue team
 "kibbles on wheels" food program



po box 67
 lake panasoffkee, fl 33538
 352.793.9117 phone
 352.793.9119 fax
 info@hsspc.org
 www.hsspc.org



ANIMAL ADOPTION APPLICATION FORM

OFFICE USE ONLY: Name of Animal: _____ Case #: _____

Fill out this application as accurately and honestly as possible. PLEASE PRINT (except for your signature at the end). If you do not understand a question or are unsure how to respond, please seek assistance from an adoption counselor. Once the application is completed, please return it to the Humane Society/SPCA of Sumter County, Inc. (HS/SPCA) for review by the adoption counselor. After review, the counselor will present the application to the Adoption Committee for consideration of approval. Please understand that approval of the application does not, in itself, constitute approval for a particular HS/SPCA animal.

WHEN WE CALL, OUR PHONE NUMBER WILL NOT APPEAR AS THE HUMANE SOCIETY/SPCA'S NUMBER ON CALLER ID.

OUR VOLUNTEERS USE A PHONE CARD.

Current Date: _____

Name of Adopter: _____

Physical Address/City/ST/Zip: _____

Mailing Address: _____

Phone #: _____ Daytime #: _____

Cell #: _____ Evening #: _____

Best Time to call: _____

Email: _____

Circle One: M F Date of Birth (Optional): _____

I understand that this is only an application and implies no guarantee of adoption. The Humane Society/SPCA of Sumter County, Inc. (HS/SPCA) reserves the right to deny any application. I understand that upon the approval of my application of an animal from the HS/SPCA, I shall enter into a contractual agreement with them in which:

- the HS/SPCA reserves the right to make periodic checks on my newly adopted animal,
- if I am no longer able to keep the adopted animal or care for it humanely or if the animal proves unsatisfactory, I shall not sell, trade, give away or place it in another person's care permanently, without express prior agreement of the HS/SPCA. I understand that the HS/SPCA will gladly accept the return of the animal at any point in time during the rest of the animal's life,
- I understand that if I prefer to give or place the pet in another person's care permanently, the person receiving the animal will need to complete an application which must be approved by the HS/SPCA. I also understand that if their application is not approved, the animal must be returned to the HS/SPCA under the same conditions. The transfer of custody of the animal to the new person will not incur an additional fee,
- beyond the 7-14 day grace period from the date of adoption, I understand that I shall not be reimbursed for my adoption fee of other expenses I have incurred on behalf of the animal,
- an adoption fee will be requested for each animal adopted by me,
- in specific cases, other charges and/or conditions may apply to the agreement.



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ANIMAL ADOPTION APPLICATION FORM (cont'd.)

1. Is this your: _____ Year-round _____ Winter _____ Vacation Home
When will you be leaving? _____

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

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

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

5. List all adults in home: _____
Ages of Children: _____

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

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

8. What specific Humane Society/SPCA animal or what type of animal is your first choice? _____
Personality: _____
Breed: _____ Coloring: _____ Gender: _____ This animal will live: _____

9. If this pet will live outdoors, what type of shelter will be provided?

10. Is your yard fenced on all sides? _____ Yes _____ No If so, what type of fence? _____

11. What type of exercise will be provided? _____

12. How much time will your pet be left alone in a 24 hour period? _____
Where will the pet be when left alone? _____



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ANIMAL ADOPTION APPLICATION FORM (cont'd.)

13. If you do not currently have any pets, have you had any pets in the past? _____
 What kinds? _____

14. How many dogs &/or cats have you had in the last 5 years? _____
 What happened to them? _____

15. Do you have any pets now? _____ If yes, list the types: _____
 List their names: _____

16. Are the pets' vaccinations current? _____ If not, why not? _____

17. What heartworm preventative do you (or did you) use? _____

18. Please list your current veterinarian: _____

If you do not currently have one, please list a veterinarian you have used in the last two years:

Veterinarian's Name: _____ Tel. #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

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

A) Name: _____ Tel. #: _____

Address/City/ST/Zip: _____

B) Name: _____ Tel. #: _____

Address/City/ST/Zip: _____

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

21. A pet lives from 12 to 20 years. Preventive veterinary care can cost from \$50-\$150.00 per year. This includes booster vaccines and being kept free of intestinal parasites, fleas and ticks. An additional expense is heartworm preventative, a MUST here in Florida. Food and veterinary care in case of illness or accident can be costly. Some shelter pets have unknown health backgrounds and behaviors.

Are you prepared to give the love your new pet needs and to assume its financial and training or retraining responsibilities?

_____ Yes _____ No

22. Are you familiar with your local Animal Ordinances including licensing and vaccination requirements? _____ Yes _____ No

23. Have you ever turned a pet into an animal shelter? _____ Yes _____ No

If yes, explain: _____

24. Please state where you first learned of the Humane Society/SPCA of Sumter County, Inc.:

Signature of Applicant: _____

Print Name: _____

Date: _____