



SANTA ROSA COUNTY ANIMAL SERVICES

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FOR OFFICE USE ONLY

Priors: yes ___ no ___
If priors: _____

Initials: _____

ADOPTION APPLICATION

(Please Print)

INTAKE # _____ TAKEN BY: _____ DATE: _____ TIME: _____

LEGAL NAME: _____ DRIVERS LIC. # _____

ADDRESS: _____ CITY/STATE _____ ZIP: _____

HOME PHONE # _____ CELL# _____ WORK# _____

HOW LONG AT PRESENT ADDRESS: _____ RENT _____ PROPERTY OWNER _____ OTHER _____

IF YOU RENT, LANDLORDS FIRST & LAST NAME: _____

LANDLORDS BUSINESS PHONE # _____ ALTERNATE # _____

SANTA ROSA COUNTY RESIDENT _____ OTHER COUNTY _____

PREVIOUS ADDRESS _____

SKIP FIRST 4 QUESTIONS IF YOU OWN

DOES YOUR LEASE ALLOW PETS? YES ___ NO ___

DOES YOUR LEASE REQUIRE PET DEPOSIT? YES ___ NO ___

IF YES, HAS THE DEPOSIT BEEN PAID? YES ___ NO ___

IS THERE A WEIGHT/SIZE RESTRICTION? YES ___ NO ___

WILL THE ANIMAL BE KEPT INSIDE, OUTSIDE, OR BOTH? _____

DO YOU HAVE A FENCE? YES ___ NO ___

IF YES, TYPE & HEIGHT _____

LIST ALL PETS IN YOUR HOME NOW & THEIR NAMES _____

HAVE THEY BEEN SPAYED OR NEUTERED? YES _____ NO _____

ARE THEY CURRENT ON RABIES VACCINATIONS? YES _____ NO _____

IF YES, NAME OF VET CLINIC THAT DID RABIES VACCINATION: _____

LIST **ALL** PETS YOU HAVE OWNED IN THE PAST FIVE YEARS BUT NO LONGER HAVE AND WHAT HAPPENED TO THEM:

ARE YOU ABLE TO PROVIDE THE NECESSARY CARE FOR YOUR ADOPTED PET?

YES _____ NO _____

WHO IN YOUR HOUSEHOLD WILL BE RESPONSIBLE FOR THE CARE OF THIS ANIMAL?

LIST NUMBER OF CHILDREN IN YOUR HOME AND THEIR AGES? _____

HAVE YOU APPLIED TO ADOPT AN ANIMAL FROM THIS SHELTER AT ANOTHER TIME? YES ___ NO ___
UNDER WHAT NAME? _____

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN ISSUED A CITATION OR HAD AN ANIMAL IMPOUNDED BY THIS DEPARTMENT?

YES _____ NO _____ UNDER WHAT NAME: _____

REASON FOR CITATION: _____

I HEREBY CERTIFY AND AFFIRM THAT THE ANSWERS GIVEN ABOVE ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. (FALSE INFORMATION COULD RESULT IN DENIAL OF ADOPTION). I FURTHER ACKNOWLEDGE THAT SANTA ROSA ANIMAL SERVICES MAKES NO WARRANTY IN REGARD TO THE HEALTH OR CONDITION OF ADOPTED ANIMALS. I FURTHER ACKNOWLEDGE THAT ADOPTED ANIMALS MAY HARBOR A CONTAGIOUS DISEASE THAT MAY BE TRANSMITTED TO OTHER ANIMALS I MAY OWN. I THEREBY HOLD HARMLESS, SANTA ROSA COUNTY FROM ANY REPERCUSSIONS ASSOCIATED WITH THIS ADOPTION.

PRINTED NAME

SIGNATURE

DATE

APPROVED: _____ REJECTED: _____

COMMENTS: _____

REASON FOR REJECTION: _____

KENNEL TECHNICIAN: _____