

Animal Haven Rescue of Bay County, FL

Adoption Application Form

Name of pet(s) you wish to adopt: _____

Contact Information

Full name: _____

Date of birth: _____

Address: _____

Phone: _____

Email address: _____

Family, Housing & Other Pets

How many adults are living in the home? How many children (ages)?

Please describe your household: Active ___ Noisy ___ Quiet ___ Average ___

If you rent, please give the rules governing pets and the landlord's name and number:

(*By providing this information, you are allowing AHR to contact your landlord. Please inform them of this request so they will speak with us when we contact them.)

Does anyone in the family have a known allergy to animals? Yes ___ No ___

Is everyone in agreement with the decision to adopt the pet(s)? Yes ___ No ___

What other pet(s) do you have?

Are the pet(s) current on vaccinations? Yes ___ No ___

Are the pet(s) spayed/neutered? Yes ___ No ___ If not, why? _____

Have you ever had a pet (or pets) declawed? Yes ___ No ___

Veterinarian

Do you have a regular veterinarian? Yes ___ No ___

Veterinarian/Clinic name/address/phone number:

(*By providing this information, you are allowing AHR to contact your veterinarian. Please inform them of this request and ask them to authorize the release of information to AHR.)

Animal Haven Rescue of Bay County, FL

Adoption Application Form

Where will the pet(s) spend the day and night? (*describe*)

Who will have primary responsibility for the daily care of the pet(s)?

Do you agree to provide regular health care by a Licensed Veterinarian? Yes ___ No ___

Do you agree to keep the pet(s) indoors **ONLY**? Yes ___ No ___

Do you agree that you will **not** declaw the cat(s)? Yes ___ No ___

Do you agree to contact AHRBC to return the pet(s) if you can no longer keep the pet(s)? Yes ___ No ___

How did you hear about Animal Haven Rescue of Bay County?

Would you be interested in fostering or volunteering? Yes ___ No ___

All the information I have given is true and complete. The animal(s) will reside in my home as a pet. I will provide the pet(s) with quality food, plenty of fresh water, indoor shelter, affection, and an annual physical examination with vaccinations by a licensed Veterinarian. I agree that I will **not** have the pet(s) declawed and I will contact AHR, if for any reason, I can no longer care for the pet(s).

(Signature)

(Date)

Disclosure:

Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Iowa, Kansas, Louisiana, Maine, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York, Nevada, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah and West Virginia all require sterilization or a promise to sterilize an adopted animal from a pound, animal shelter, or pet animal rescue. Some of these states require a monetary deposit to ensure future sterilization and most of the states provide for certain exceptions.

To remain compliant with the current Florida law, we cannot adopt out a non-spayed/non-neutered cat. Otherwise a refundable deposit of \$25.00 will be required.

Once a kitten is (6) six months for females and (9) nine months for males, you agree to have your adopted pet(s) spayed/neutered.

By signing this application, you agree to the terms that if you do not spay/neuter the adopted pet(s) named on this application in (1) one year then you forfeit the deposit.