



HUMANE SOCIETY OF MARION COUNTY, INC.
701 NW 14th Road, Ocala FL 34475
Phone: (352) 873-PETS Fax: (352) 854-9187

ADOPTION APPLICATION

The Humane Society's application and interview process is designed to help our adoption counselors determine if the animal you have chosen will be compatible with your family and lifestyle. Our mission is not to simply move animals out the door, but to ensure that each animal's placement is in its and your best interest. The welfare of each animal in our care is our foremost consideration; therefore, the Humane Society reserves the right to refuse adoption to anyone for any reason. The requirement of adequate facilities to maintain and contain the animal must be met and a satisfactory home inspection may be required before the application will be approved. A background check may be done to check for abuse of animals or people and repeated abuse of drugs. The Humane Society reserves the right to refuse adoption to anyone.

Potential adopters must:

- Be at least eighteen (18) years of age
- Have a picture identification that shows current address (i.e. driver license)
- Have written permission from landlord (if renting)
- Be willing to invest the time and money necessary to provide proper care, medical treatment and training for your pet on a long-term basis

Adoption fee includes:

- Spaying or neutering of the animal
- Age appropriate vaccinations, including rabies
- Heartworm test on dogs over six (6) months of age
- Feline Leukemia test on all cats
- Microchip implantation and registration
- Free visual examination by a participating veterinarian
- A seven (7) day health return policy (see Adoption Agreement). After the seven (7) days, adopted animals are the sole responsibility of the adoptor.

I have read, understand and agree to all terms of acquisition.

Signature

Date

CAT ADOPTION ONLY

What is your reason for choosing to adopt a cat? (Check all that apply)

House Pet Companionship Company for Other Pet
 Mouser/Barn Cat Gift Other: _____

Where will this cat be kept during the day? _____ at night? _____

How many hours per day will the cat be left alone/without human companionship? _____

Where will the cat be kept when alone? _____

Will the cat be allowed outdoors? Yes No
If yes, for what reason? _____

How will be cat be confined to your property? _____

What will you do if your cat claws furniture or shows other types of destructive behavior?

Do you plan to have this cat de-clawed? Yes No
If yes, why? _____
Are you aware of what the de-claw procedure entails? Yes No
Have you discussed the de-claw procedure with your veterinarian? Yes No
Are you aware that de-clawing a cat can change its personality and that it may become aggressive or stop using its litter pan? Yes No

Do you or anyone living in your household have any known allergies to animals? Yes No
If yes, to what kind(s) of animal(s): _____
How severe is the allergy? _____

Are you aware that your cat will require:
Annual vaccinations and tests? Yes No
Annual rabies vaccination? Yes No
Marion County license? Yes No
Monthly flea control? Yes No

Are you aware that there is a leash law for cats in Marion County? Yes No

What concerns or questions do you have about adopting a cat?

DOG ADOPTION ONLY

What is your reason for choosing to adopt a dog? (Check all that apply)

House Pet Companionship Company for Other Pet
 Watch/Guard Dog Gift Other: _____

Where will this dog be kept during the day? _____ at night? _____

How many hours per day will the dog be left alone/without human companionship? _____
Where will the dog be kept when alone? _____

Are you aware that your new dog will need to be house trained? Yes No

Are you familiar with crate training? Yes No

What are your feelings about it? _____

How do you plan on keeping the dog confined to your property? Inside House

In Garage Fenced Yard Outside Kennel Patio
 On Chain On Leash On Cable Other _____

Do you have a fenced yard? Yes No Will it safely contain a dog? Yes No

If yes, what type? Chain Link Wire Privacy Three Board

Other: _____

If your dog will be kept outside for any length of time, are you aware that you will be required to provide it shelter from the elements? Yes No

What type of shelter will you provide? _____

Do you plan on having this dog's ears cropped, tail docked or debarked? Yes No

What will you do if this dog chews furniture or shows other types of destructive behavior?

Do you plan on providing this dog with obedience training? Yes No

Do you or anyone living in your household have any known allergies to animals? Yes No

If yes, to what kind(s) of animal(s): _____

How severe is the allergy? _____

Are you aware that this dog will require:

Annual vaccinations and tests? Yes No

Annual rabies vaccination? Yes No

Marion County license? Yes No

Monthly flea/tick control? Yes No

Monthly heartworm preventative? Yes No

Are you aware of heartworm disease? Yes No

Are you familiar with Marion County's leash laws? Yes No

What concerns or questions do you have about adopting a dog? _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home ph. # _____ Work ph. # _____ Cell ph. # _____

Place of employment _____

Driver's License # _____ State _____

Please describe your residence:

_____ house	How long have you lived at the above address? _____
_____ apartment	How many people live in your household? _____
_____ condo	How many are children? _____ Ages _____
_____ mobile home	Do all adults know that you plan to adopt:? _____
_____ duplex	Who will be responsible for the care of this pet? _____
_____ other	In an emergency, who will be responsible? _____

Do you _____ own or _____ rent? If you rent, please provide the following information:
 Property owner's name: _____
 Property owner's ph #: _____

What pets do you currently have in your household?

Cats: _____ Ages: _____

Dogs: _____ Breed/Ages: _____

Other: _____ Ages: _____

Are your animals spayed or neutered? ___ yes ___ no Current on vaccinations? ___yes ___ no

Who is your veterinarian? _____ Phone # _____

Last date your pets were seen by the veterinarian? Month _____ Year _____

List other pets owned by you in the past 5 years other than those above:

<u>Type</u>	<u>Spayed/Neutered</u>	<u>Kept Where</u>	<u>Time Owned</u>	<u>What Happened To Them</u>
Dog ___ Cat ___	Yes ___ No ___	In ___ Out ___	_____	_____
Dog ___ Cat ___	Yes ___ No ___	In ___ Out ___	_____	_____
Dog ___ Cat ___	Yes ___ No ___	In ___ Out ___	_____	_____

Have you ever had to surrender an animal before? ___yes ___no

Why? _____

FOR SHELTER USE ONLY – DO NOT WRITE BELOW THIS LINE

Landlord Approval _____

Home Visit Approved _____

Adoption Counselor Notes:

HSMC REPRESENTATIVE