PET ADOPTION APPLICATION

Lee County Domestic Animal Services
5600 Banner Drive, Fort Myers, FL 33912,
Phone: (239) 533-PETS
Fax: (239) 277-PETS
www.LeeLostPets.com

PLEASE PRINT LEGIBLY

First, Middle, Last Name	Home Phone ( ) -
Address	Cell Phone ( ) -
City/St/Zip	Alter. Phone ( ) -
Drivers License #	Email
What pet do you wish to adopt? □ Cat □ Kitten □ Dog □ Puppy □ Senior Pet □ Animal ID A_____ If you are interested in adopting a puppy, there may be a 24 to 48 hour delay for supervisor review and approval.	
I live in a: □House □Apartment □Condo □Townhouse □Mobile Home □Other _____	
I: □Own □Rent □Live with Parents □Live on Campus □Other _____	
How long at present address? Years _____ Months_____	Do you plan on moving within 6 months? □Yes □No

List all members living in household, including applicant:

ADULTS (First and Last Name)	DOB	AGE	CHILDREN NAMES	AGE
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			

Are the adults in the household aware and approve of your plans to adopt a pet? □ Yes □No If no, why:

Are you or a member of your household a law or code enforcement officer protected by F.S. 119? □Yes □No

PET HISTORY: Please list all pets currently in your household and/or owned in the past ten years.

Name	Breed	Age	Sex S/N?	Inside/ Outside	Where did you get pet?	Time owned?	Where is pet now?	Rabies Vac Current?

Name of current Veterinarian or Veterinarian Clinic:

Do you plan on spaying/neutering your adopted pet? □Yes □No If no, why?

Have you ever surrendered an animal to a shelter under any circumstances? □Yes □No If yes, please explain:

Where will the pet be housed during the day?	Where will the pet be housed over night?	How many hours a day will the pet be left unattended?

How will you keep pet confined on your property?

How often do you have your pet vaccinated for rabies? _____
How often do you have your pet licensed with Lee county? _____
Do you allow your pet off-leash? □ Yes □ No If yes, explain:_____

(See Other Side)

How soon do you plan to adopt? □ Browsing □ Today □ 1-2wks □ 2-3 months □ Unsure

Are you a: □ First time pet owner □ Owned pet(s) in the past, __ years ago □ Currently own pet(s)
If you currently own pets, what is your pet's temperament/characteristic?

_____

_____

Are you interested in introducing your current pet(s) with adoption pet to ensure compatibility before adoption?
□Yes □No If no, why:

Does anyone in the household have animal allergies □Yes □No If yes, specify:

I want this pet to be □ Watchdog □ Companion □ Hunter □ Breeder □ House Pet □ Mouser
□ Companion for other pet □For the children □ Other _____

Gender: □Male □Female □ No preference	What breed(s) are you interested in adopting?

What characteristics/personality traits are you looking for in a pet? (Check all that apply)
□Cuddles □Depends on me □Easy going/relaxed □Friendly with kid(s) □Friendly with pet(s) □Full of energy
□Hypoallergenic □Independent □Leash Trained □Low maintenance □Laid back □Playful □Runner/Hiker
□Shy □Trainable □Trained □Travels □Other_____

How will you train your pet?	How often will you exercise your pet?	How will you exercise your pet?
Do you have access to a yard? □Yes □No Approx. size yard:	Is the yard: □Open □Fully enclosed	Type of Fence: Height of Fence:

Who will be responsible for the pet?

How will a pet fit into your daily schedule?

_____

_____

What activity level are you looking for in a pet? □ Low □Medium □High □No preference

Which best describes you family's lifestyle? □Noisy □Quiet □Live alone □Adults only, no children
□Visitors frequently □Children have friends over a lot □Travel frequently □Other _____

How much time are you willing to invest in training if your pet develops behavior issues?
□ Train myself □ Plan to go to training classes □ Work with a trainer/behaviorist □ None □ Other _____

Additional information you would like to share:

_____

_____

PLEASE INITIAL BELOW STATEMENTS:

___ I authorize the release of veterinarian information related to my current and past pets.
___ I understand veterinary and nutritional care may cost over $2000 annually and accept this financial responsibility.
___ I understand a pet can live up to 20 years and will be responsible to ensure my pets are cared for upon my death.
___ I understand an inspection of my premises may be conducted by Animal Services.
___ I understand LCDAS reserves the right to refuse any application considered unsatisfactory.
__ I certify that all the information on this application is true and any false information may void this application.

_____ _____
Signature Date

(See Other Side)

FOR OFFICE USE ONLY:

Approved: □ Yes □ No Date: _____ Initials: _____ P_____ A _____

Comments:

_____

_____