

# ADOPTION QUESTIONNAIRE



**Thank you for visiting The Florida Keys SPCA in your search for a new pet!**  
 Florida Keys SPCA Adoption Counselors consult this information to ensure the animal you want to adopt is best suited to you, your home and lifestyle.

Pets interested in adopting: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Adopter's Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are not employed, who will be financially responsible for this pet? \_\_\_\_\_

Looking to adopt:  Dog  Cat  Rabbit  Other \_\_\_\_\_

What breed(s) of pet are you looking for? \_\_\_\_\_

What sex of pet are you looking for?  Male  Female  No preference

What characteristics do you want in a pet? (calm, active, etc.) \_\_\_\_\_

Activity Level:  Low  Medium  High  No preference

Are you a:  1<sup>st</sup> time dog owner  1<sup>st</sup> time cat owner  Had pets in the past

Have you ever adopted from FKSPCA?  Yes  No If yes, when? \_\_\_\_\_

What pets have you owned in the past 5 years? \_\_\_\_\_

Name of Pet	Type or Breed of Pet	Age	Sex	Licensed?	Spayed or Neutered	If no longer owned, what happened to the pet?

What is the name of your veterinary hospital? \_\_\_\_\_

Reason for wanting this pet (Check all that apply):

Family companion  Gift  Mouser  Guard dog  Hunting  To breed  For my children  
 Personal Protection  Companion for other animal  Other (Specify) \_\_\_\_\_

Does any member of the household have animal-related allergies or asthma?  Yes  No

How much do you anticipate spending yearly on this pet (food, medical, toys, emergencies, etc.)? \_\_\_\_\_

Do you live in a:  House  Apartment  Housing  With parents  Boat  
 Mobile home (Name of Park \_\_\_\_\_)  Military housing

Do you rent?  Yes  No If yes, Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

How many adults are in the household? \_\_\_\_\_ Children? \_\_\_\_\_

Age(s) of children \_\_\_\_\_

Where will the pet be kept: When someone is home?  Indoors  Outdoors  
When no one is home?  Indoors  Outdoors

How many hours a day will the animal be left alone? \_\_\_\_\_

If you are adopting a dog:

How will the dog be confined when outside? \_\_\_\_\_

How do you plan on exercising your dog? \_\_\_\_\_

Do you plan on taking an obedience class?  Yes  No

Please check ALL of the following topics you would like to discuss with the Adoption Counselor or Dog Trainer:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Spaying/Neutering  | <input type="checkbox"/> Diet/Nutrition       | <input type="checkbox"/> Diseases/Viruses       | <input type="checkbox"/> Vaccinations         |
| <input type="checkbox"/> Cost               | <input type="checkbox"/> Exercising           | <input type="checkbox"/> Introducing other pets | <input type="checkbox"/> Introducing children |
| <input type="checkbox"/> Biting             | <input type="checkbox"/> Indoors vs. outdoors | <input type="checkbox"/> Housebreaking          | <input type="checkbox"/> Containment          |
| <input type="checkbox"/> Spraying           | <input type="checkbox"/> Jumping on counters  | <input type="checkbox"/> Litter training        | <input type="checkbox"/> Declawing            |
| <input type="checkbox"/> Scratching objects | <input type="checkbox"/> Chewing              | <input type="checkbox"/> Crate training         | <input type="checkbox"/> Digging              |
| <input type="checkbox"/> Jumping            | <input type="checkbox"/> Barking              | <input type="checkbox"/> Obedience training     | <input type="checkbox"/> Other _____          |

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By signing, I affirm I am 21 years of age or over, and the information contained in this form is true to the best of my knowledge. I understand that FKSPCA Adoption Counselors may approve or deny an adoption based on this or other information during my visit. Should I be approved for adoption, I understand that I will be required to make a substantial commitment of time and money to this animal for up to 20 years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR STAFF USE ONLY</b>		Date: _____
Counselor: _____		
Person ID# _____	Searched by: _____	# of animals shown _____
Driver's License/ID # _____	Date of Birth _____	
Emergency Contact Name _____	Phone No. _____	
Comments: _____		
_____		
_____		
_____		

Our goal is to find a loving, life-long home for each animal in our care. We strive to find the most suitable pet for each person and the most suitable home for each animal. To reach that goal we consider both the lifestyle and expectations of potential adopters and the personality and needs of each animal. We welcome the opportunity to help match you with a wonderful companion and ask that you keep in mind the following guidelines to adopting from the Florida Keys SPCA.

1. All potential adopters are asked to complete an adoption profile and provide a valid form of identification with a current address.
2. We adopt companion animals to be placed into a home setting. All animals must be provided with adequate food, water, shelter, exercise, veterinary care, and companionship.
3. Adopters will adhere to all City and/or County codes regarding animal ownership.
4. To comply with State law, all animals are required to have a rabies vaccination before leaving the shelter. If an animal is too young, the adopter can prepay for the vaccination with the veterinarian of their choice and present the receipt before adoption.
5. All animals will be spayed or neutered, microchipped and licensed before adoption.
6. Adopters must be 21 years or older.
7. No more than one dog per household may be adopted in a 30 day period.
8. Adopters must provide proof that current housing allows for pet ownership, either in the form of property ownership or a lease agreement that allows pets.
9. We ask that all cats remain indoors for their safety as well as the safety of wildlife. If you chose not to keep a cat indoors, we ask that you adopt an adult cat that has already been allowed to go outside.
10. To ensure that all members of the adopting household are in agreement with regards to the adoption of a particular animal, we ask that all members of the household, including dogs, meet and interact with the prospective new pet prior to adoption.
11. Adoptions cannot be made as gifts unless the recipient is present to interact with the animal and provide required information. Gift certificates are available as an alternative.
12. No adoptions will be made to an applicant who is suspected of being under the influence of alcohol or drugs during the time of application.
13. Applicant's current animals shall have proof of current vaccinations and current license (where appropriate) before adoption is complete.
14. Cats that are currently declawed will be adopted with the intention of keeping them inside at all times for their safety.
15. FKSPCA will not adopt to anyone who has the intention of ear cropping, tail docking, or declawing of their animals.
16. Due to the Monroe County anti chaining Ordinance 4-70 the FKSPCA cannot condone the practice of keeping dogs tethered or chained.
17. No adoptions will be made to any individual with a history of animal neglect, abandonment, or abuse.

**Failure to adhere to policy agreement will cause ownership of adopted animal to revert back to FKSPCA.**

Signature of applicant that policies have been read and are understood \_\_\_\_\_

Date: \_\_\_\_\_