



Adoption Application

Pet's Future continued...

Should your new pet have behavioral problems, would you be willing to work with them or call the St. Augustine Humane Society for help? Yes ___ No ___

What would you do if your new pet does not get along with your existing pets? _____

Is your home a permanent or temporary residence? _____

Are you planning to move within the next few years? Yes ___ No ___ If yes, what will you do with your pet? _____

Where will your new pet be kept? Indoors ___ Outdoors ___ Both ___

Are you aware that health insurance is available for your pet? Yes ___ No ___

Are you willing to provide monthly flea preventative for you cat or dog? and/or heartworm preventative? Yes ___ No ___

Pet Health and Condition

Most rescued pets have unknown medical and behavior backgrounds. For this reason, you agree to take your new pet to a licensed veterinarian for a complete exam within 7 days after adoption and to follow up on all vaccinations as recommended. Once the exam has been completed within the first 7 days, if your pet becomes sick you have the option of having it treated at your own expense or returning the pet to our organization. You agree that behavior issues are an unknown and you will take responsibility through proper training, and agree to hold SAHS harmless for any unwanted behaviors. _____ (initial)

References (please list two people who can verify that you are or will be a good pet owner)

Name: _____ relationship to you: _____ Phone # _____

Name: _____ relationship to you: _____ Phone # _____

I certify that the above information is true and that false information might result in nullification of this adoption.

Applicant's signature: _____ Date: _____

Below to be completed by adoption counselor

Reference comments:

1. _____

2. _____

Application approved? Yes ___ No ___

If denied - explain why:

Pet Name: _____

Pet Description: _____

Additional comments: