NASSAU COUNTY
Animal Services
86078 License Road
Fernandina Beach, FL 32034

ADOPTION QUESTIONNAIRE

Date _____ **Control #** _____ **Cage #** _____

Name of Adopter #1_____email_____
Address _____
Home Ph _____ Cell Ph _____ Work Ph _____
Employer _____

Name of Adopter #2_____email_____
Address _____
Home Ph _____Cell Ph _____ Work Ph _____
Employer _____

How many children and what age live w/you? _____ Any other adults? _____

Do you own or rent? _____ house/ apartment/ duplex/ condo/ mobile home (please circle one)
If rent, Landlord name and Ph#_____
Do you have a fenced yard? _____ Approximately how high? _____
Do you plan to move within the next year? _____

Tell us about the pets living with you at this time: (use back if needed)

Pet's Name	Breed	Age	Rabies & DHLPP/FVRCP?	How long owned?

Tell us about the pets you have had in the past five years, but no longer have:

Pet's Name	Breed	Spayed/Neutered?	How long owned?	What happened?

Who is your Veterinarian? _____Ph#_____

Were/Are any of these pets adopted from Nassau County Animal Services? _____

Where do your current animals live during the day and at night?_____

Is anyone in your household allergic to dogs/cats? _____

(over please)

YOUR NEW FAMILY MEMBER:

Why do you want to adopt this pet? _____

How will you exercise your new pet? _____

Where will this pet sleep at night? _____

How many hours per day will it be alone? _____

Where will pet be kept when no one is home? _____

What do you estimate the cost of owning this pet will be? _____

Who will be financially responsible for this pet? _____

Who will be responsible for this pet's care/training? _____

This pet may or may not be housetrained. How will you handle this situation?
_____

Is your current pet on heartworm prevention? _____What kind?_____

How will you prevent fleas on pet/in your home? _____

Are you willing to make a commitment for the next 10-15 years to this pet? _____

Please sign indicating the statements you made above are true, <u>understanding that any false statements will be consideration for denial of your application.</u>

X_____ X_____

<u>Office use only</u>:

Animal Description _____

Circle one: Approved Pending Denied

Comments: _____

_____

_____

Vet appointment, where and when _____

Adoption Counselor/Coordinator Signature & Date: _____