



Walton County Animal Shelter Adoption Application

WCSO 10-109
02/2014

Please Fill Out The Following Questionnaire

Upon completion, it will be reviewed by one of our Adoption Counselors

Name: _____ Date: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Driver's License/I.D. Card #: _____ State: _____

1. What kind of pet are you here to adopt?

Dog Puppy Cat Kitten Other (Specify) _____

2. Why do you want a pet?

3. Do you have any preferences as to breed type, sex, age, size, length of hair, etc? Yes No If yes, what are your preferences?

4. Is this your first experience with a pet? Yes No

5. What pets do you currently have in your household?

Name: _____	Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Spayed or Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No	Kept Where? <input type="checkbox"/> In <input type="checkbox"/> Out	Age _____
Name: _____	Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Spayed or Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No	Kept Where? <input type="checkbox"/> In <input type="checkbox"/> Out	Age _____
Name: _____	Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Spayed or Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No	Kept Where? <input type="checkbox"/> In <input type="checkbox"/> Out	Age _____

6. List pets owned in the past five years other than those listed above.

Type:	Spayed or Neutered	Kept Where?	Time Owned	What Happened To This Pet?
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____

7. Who is your Veterinarian?

_____ Phone Number: _____

8. Do you currently live in a : House Apartment Condo Mobile Home Duplex

9. Do you: Own or Rent

10. If you rent, does your lease allow pets? Yes No

11. If you rent, what is your landlord's name?

_____ Phone Number: _____

12. How long have you lived at the above address?

13. How many people live in your household? _____

Do all of the adults know that you plan to adopt? Yes No

If there are children in the household, what are their ages? _____

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

If yes, to what kind(s) of animals and how severe is the allergy?

15. Who will be responsible for the care of this pet?

16. Where will this pet be kept during the day? _____ Night? _____

17. How many hours per day will it spend alone without human companionship? _____

18. Where will it be kept when alone?

19. How did you hear about our adoption service?

Dog Adoptions Only:

20. Do you want the dog for: (check all that apply) House Pet Guard Dog Watch Dog Companion Gift
 Company For Other Pet Other _____

21. Do you have a fenced yard? Yes No

If yes, how high? _____

22. Do you realize you will probably have to house train a new puppy or dog? Yes No

23. Would you like information on how to house train a new puppy or dog? Yes No

24. Are you familiar with the County Ordinance and leash laws in Walton County? Yes No

25. What will you do if your dog chews furniture or shows other destructive behavior?

26. Are you familiar with crating? Yes No

If yes, what are your feelings about it? _____

27. Do you plan on taking your dog to obedience training classes? Yes No

28. Are you familiar with heartworm disease? Yes No

29. How will you keep your dog confined to your property? (check all that apply) Kennel Fenced Yard On Chain
 Garage Patio On Leash

Cat Adoptions Only:

30. Do you want the cat for a: (check all that apply) House Pet Mouser Companion Gift
 Company For Other Pet Other _____

31. Will this cat be allowed outdoors? Yes No

If yes, what circumstances? _____

32. Do you plan on having your cat de-clawed? Yes No

33. What will you do if your cat claws furniture or shows other destructive behavior?

Please check the box indicating you have read and understood the following:

- I will provide proper and **sufficient food, water, shelter and kind treatment** for the above described animal at all times. I will not abandon the animal.
- I will have the animal **immunized and examined annually** by a Veterinarian at my expense. Further, I will ensure the animal to wear a valid rabies tag at all times, in accordance with the Walton County Ordinance 2008-24.
- I will not permit the animal to run at large or to become a public nuisance. I will keep proper identification on the animal at all times and will immediately retrieve the animal from any public or private shelter when notified that the animal is being held at any such location. In the event the animal becomes lost, I will make every reasonable effort to locate and claim the animal.
- If I return the animal to the Walton County Sheriff's Office Animal Shelter for any reason, I will at no time assert any claim, charge or demand of any kind or nature against the Walton County Sheriff's Office Animal Shelter for any charges which may have been incurred by me, including Veterinarian fees, in connection with the animal.
- I understand that animals can be unpredictable and the Walton County Sheriff's Office Animal Shelter cannot anticipate or insure against unexpected conduct of animals adopted from the Walton County Sheriff's Office Animal Shelter. I acknowledge that the Walton County Sheriff's Office Animal Shelter has not made through its agents, volunteers, or employees, any warranties regarding the future condition, temperament, or conduct of the above described animal. I hereby accept the animal as is, assume all risks and responsibilities associated with ownership of the animal, including bites, and I hereby fully and completely release, waive, discharge and covenant not to sue the Walton County Sheriff's Office, Walton County and the Walton County Board of County Commissioners, Michael A Adkinson Jr., as Sheriff of Walton County, a Constitutional Officer for the State of Florida, individually and in his official capacity, all members of the Walton County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, contractors, sub-contractors, and agents from any and all liability arising out of or in connection with the adoption, care, or ownership, maintenance, retention, temperament, conduct or condition of the animal, including but not limited to Veterinary expenses incurred.

Further, I agree to indemnify and forever hold harmless to the extent the law allows, the Walton County Sheriff's Office, Walton County and the Walton County Board of County Commissioners, Michael A Adkinson Jr, as Sheriff of Walton County, a Constitutional Officer for the State of Florida, individually and in his official capacity, and all members of the Walton County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, agents, contractors and sub-contractors, for any and all claims, causes of action, demands or damages, and costs (to include reasonable attorney's fees) present, past and future, on the part of anyone which may directly or indirectly, including death, arise out of in connection with the adoption, care, or ownership, maintenance, retention, temperament, conduct or condition of the animal, including but not limited to Veterinary expenses incurred.

- I understand that, as with any medical procedures, there is a risk involved and that Walton County Sheriff's Office Animal Shelter makes no guarantees the animal will survive the surgical procedure. In the event a problem occurs, I will be given the choice of another available animal.
- I understand the animal's medical treatment/sterilization will be performed as soon as possible; however, delays may occur due to unforeseen events. The sum of \$55 will be due before the animal is released to me. I will call 850-892-8186, and ask for the Animal Shelter to confirm the post-operative release of my animal for a scheduled pick up. If the rightful owner comes to claim the animal prior to the time that I pay for and take possession of the above described animal, the Walton County Sheriff's Office Animal Shelter will relinquish the animal to said owner and all parties will be released from this contract.
- If I do not pick up the adopted animal when it is released to go home following surgery, I understand the animal will be offered for readoption after three (3) working days.
- I understand the Walton County Sheriff's Office Animal Shelter cannot make any promises or guarantees concerning the health, temperament or condition of the animal. Many of the animals impounded have been medically neglected by their owners and may be suffering from common pet diseases. **The Walton County Sheriff's Office Animal Shelter strongly recommends taking the newly adopted pet to a Veterinarian within ten (10) days for further examination, treatment, medical recommendations and advice.** (Please give your veterinarian the medical sheet that is provided when you pick up your pet. This medical sheet contains important treatment and vaccination information that your pet has received from the Walton County Sheriff's Office Animal Shelter). **The Walton County Sheriff's Office Animal Shelter will NOT treat the above described adopted pet for any illness.**
- I understand that refunds can be given if the animal becomes sick or aggressive. The sick or aggressive animal must be returned within seven (7) days of the animal being picked up by the adopter to obtain the refund.

- I understand that revenues received for animals are reconciled and reported to the finance department daily and that in the event of a refund, it could be up to three (3) weeks for the refund check to be processed and mailed.
- I understand that if the animal I am adopting bites or scratches anyone and dies within ten (10) days of this exposure, I must not dispose of the body until I have contacted the Walton County Sheriff's Office Animal Shelter. The Walton County Sheriff's Office Animal Shelter will need to test the animal for rabies.
- I understand that I may choose the option to have this pet tested by a Veterinarian for the Parvo Virus (for dogs). I have been advised that in the earlier stages of this disease, the tests may not show a positive result; therefore, it is always possible that I may take home a sick pet.
- I understand that if I am taking home a new pet, I should be sure that all pets at home are vaccinated against all pet diseases to prevent them from catching any diseases from my newly adopted pet.

Adopter Signature: _____

Witness Signature: _____

Date: _____

Medical Conditions:

- I have been advised my pet has the following medical condition _____, and I have been instructed on my options for treatment.

Adopter Signature: _____

Witness Signature: _____

Date: _____

FOR SHELTER USE ONLY - DO NOT WRITE BELOW THIS LINE - THANK YOU

Adoption Status:

- Approved Denied

Reason Denied: _____

Background Completed: Yes No

Cat/Dog Name: _____

Animal ID#: _____

Adoption Fee Amount: _____ Cash Check Credit Card

Check # _____

Approving Official Signature: _____