



ADOPTION APPLICATION

Welcome to Hilltop Animal Hospital.

We are pleased that you have decided to adopt a new pet from our organization.

The following information is requested so that your adoption counselor can assist you in the selection of a new pet. The animal's welfare is our foremost consideration. The consultation process is designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal most compatible with your lifestyle.

All animals are examined, and their health is routinely monitored while in our foster care, but there is always a chance that an animal is incubating a disease without showing any clinical signs. Once an animal is adopted, they become the sole responsibility of the adopter. Initials

Our adoption fee includes: examination by a veterinarian, spay/neuter, initial vaccinations, de-worming, feline leukemia testing for cats, occult heartworm testing for dogs, heartworm prevention, flea control, rabies vaccination, plus other special offers. Adoption fees are refundable in full if pet is returned to us within 3 days of the adoption date. Only 50% of the adoption fee is refunded if the pet is returned to us within 10 business days of the adoption date.

Initials

To be considered as an adopter today, you must:

- 🐾 **Be at least 18 years of age and show a valid picture ID (driver's license or Florida ID card).**
- 🐾 **Have the knowledge and consent of your landlord.**
- 🐾 **Provide current vaccines from a licensed veterinarian for other pets you may own.**
- 🐾 **Be willing to spend the time/money necessary to provide medical treatment and proper care for your pet.**

Name:		
Spouse's Name/Significant Other:		
Address:		
City:	St:	Zipcode:
Home #:	Cell #:	
Work #:	Emergency #:	
Place of Employment:		

Please fill out the following questionnaire. Upon completion it will be reviewed by one of our adoption counselors.

1. Have you ever received a citation from Animal Services, been convicted of cruelty to animals or had an animal impounded by Animal Services or any other veterinarian clinic? Yes No

2. What kind of pet are you here to adopt? Dog Puppy Cat Kitten

3. Do you have any preferences such as breed, age, sex, size, length of hair, etc.? (Be Specific) _____

4. What pets do you CURRENTLY have in your household?

Name	Type Dog/Cat/ Other	Male Or Female	Spayed or Neutered	Kept Where Inside/Outside/ Both	Age	Current Vaccines Yes or No	Current Rabies Yes or No	Current Heartworm/ Flea Prev.

5. Who is your Veterinarian? _____

6. Is this your first experience with animals? Yes No

7. Do you or does anyone living in your house have any known allergies to animals? _____

8. Do all of the adults in your household know that you plan to adopt a pet? Yes No

9. How many people live in your household?

Adults _____ Children _____ LIST AGES OF ALL CHILDREN _____

10. Please describe where your pet will be kept:

During the day: _____ During the night? _____

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

12. Do you: Own? Rent? (If you own, skip to cat or dog adoptions on next page)

13. How long have you lived at the address listed on your application? _____

MOST LEASES REQUIRE SOME TYPE OF PET DEPOSIT/FEE OR SIGNED AGREEMENT BEFORE THE PET(S) CAN MOVE INTO THE RESIDENCE. IF RENTING, PLEASE PROVIDE THE FOLLOWING INFORMATION:

14. If renting, are you allowed to have pets? Yes No

Name of Complex: _____

Name of Landlord: _____ Landlord Phone #: _____

CAT ADOPTIONS ONLY

1. Do you want a cat for: (check all that apply)

Family Pet Mouser Companion Company for other pet Other Gift

2. Will this cat be allowed outdoors? Yes No

*If yes, when? _____

*If no, why not? _____

3. Do you plan on having your cat de-clawed? Yes No
Why? _____

4. What will you do if your cat scratches furniture or shows other destructive behavior? _____

5. What will you do if your cat does not use the litter box? _____

6. Are you aware of heartworm disease in cats? Yes No

7. Do you understand tha cats should be on monthly heartworm prevention? Yes No

DOG ADOPTIONS ONLY

1. Do you want a dog for a: (check all that apply)

Family Pet Watch/Guard Dog Gift for _____ Company for other pet(s) Other

2. Do you have a fenced yard? Yes No

*If yes, how high is it? _____ Is it secure? Yes No

3. What will you do if your dog chews furniture or shows other desructive behavior? _____

4. Are you famiiar with heartworms? Yes No

5. Do you understand that your dog will need to be on heartworm prevention for the rest of his/her life? Yes No

I CERTIFY THAT THE INFORMATION LISTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Adopter's Signature

Print

Date

Counselor's Signature

Print

Date

Hilltop Animal Hospital reserves the right to refuse adoptions to anyone. No animal will be adopted to persons having history of giving away or selling animals, or history of neglect. No animal will be adopted to perspective owners who mislead or fail to provide accurate information on the adoption application. Hilltop Animal Hospital reserves the right to inspect the property where the animal will reside prior to adoption approval.