



# ADOPTION APPLICATION

Please answer all questions honestly and completely, there are no wrong answers.

We would just like to make sure our animals and their adopters are a good match for each other.



The Animal You Are Applying For:

Breed: \_\_\_\_\_ Sex:  Male  Female

Name: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ ID# \_\_\_\_\_  Dog  Cat

Why do you want to adopt this particular animal?

\_\_\_\_\_

The next step in adopting this animal (if your application is approved) is a home visit, which is just a casual visit to get to know you & discuss dog/cat ownership.

Are you comfortable with a Milo's Dog Rescue of South Florida representative visiting you at your home?  Yes  No

Will this be your first pet?  Yes  No

Do you currently have other pets? If so, please tell us a little about them.

\_\_\_\_\_

\_\_\_\_\_

Are your current pets spayed/neutered and have their vaccines up to date?  Yes  No  N/A – Do not have pets

If you currently have dogs or cats, what kind of flea prevention do you use?

\_\_\_\_\_

Have you ever turned an animal into a shelter or given an animal away?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a pet euthanized?  Yes  No If yes, please explain:

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Veterinarian's Name & Location: \_\_\_\_\_

Veterinarian's Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you do not have a veterinarian, are you willing to visit one within 14 days of adopting this dog in order to establish a relationship with one?  Yes  No

How will your dog exercise? \_\_\_\_\_

Will this dog live indoors or outdoors? \_\_\_\_\_

How many hours per day will this dog, be left home alone? \_\_\_\_\_

During the time the dog is left home alone, where will he/she spend the time?

Indoors, no restrictions

Indoors, crated

Indoors, confined to a safe room

Outdoors, no restrictions

Outdoors, in crate or Kennel

Other: please explain: \_\_\_\_\_

What will you do if this dog decides he/she prefers chewing on your couch pillow and/or other belongings, other than his/her toys?

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Do you agree to donate the appropriate adoption fee for this pet? The animal adoption fee is \$300-500. While this donation does not cover the full medical expenses paid by the rescue, this is the amount agreed to as a fair donation.

Agree  Do not agree

You understand that you are applying to adopt an animal whose medical history is unknown before it entered the rescue. We address all known medical issues when the animal comes into the rescue, but we cannot predict any future medical problems. You agree that, as the animal's legal owner, all future veterinary costs are your sole responsibility from the date of adoption forward.

Agree  Do not agree

The average expense for a dog or cat is \$200-\$2,000 in food and veterinary costs per year. Do you agree to make sure a financial commitment to this animal?

Agree  Do not Agree

Do you agree to seek prompt and quality veterinary for this animal as soon as the need arises?

Agree  Do not Agree

Over-the-counter flea and tick preventatives (Hartz, Adams, etc.) can be extremely dangerous to cats and dogs. Reactions can cause problems such as skin inflammation, seizures, and death. Do you agree to only use veterinarian-approved products such as Nexgard, Revolutions, Frontline, Advantage, Capstar and Program?

Agree  Do not Agree

The average dog's lifespan is 10-15 years. The average cat's life span is 13-20 years. Do you agree that you are comfortable making a commitment to this animal to be its guardian and caretaker for the rest of its life?

Agree  Do not Agree

**YOUR INFORMATION:**

First & Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ \*Previous Address if Current Address is less than 2 Years

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Do  
you

Own or Rent your home?  Rent  Own

If you rent, please list your landlord's contact information here.

Name: \_\_\_\_\_ Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does this dog fall within the weight and breed restrictions as set forth by your Homeowners Association, Condo Association or Landlord, if any?  Yes  No

Are you over the age of 21?  YES  NO

Are there any Children in your home?  YES  NO If yes, children's ages: \_\_\_\_\_

What is your current occupation and who is your current employer?

Name: \_\_\_\_\_ Work Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please provide two personal references here:

Name: \_\_\_\_\_ Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## PUPPY ADOPTIONS:

Please **read carefully** and **initial** to confirm understanding and agreement:

If you are adopting a puppy under the age of 4 months old, you agree to bring the puppy back to a Milo's location for additional shots, until 3 sets of puppy shots are completed.  Agree  Do not Agree \_\_\_\_\_ Initials

If you are adopting a puppy under the age of 4 months old, you agree to the puppy being Spayed or Neutered, Microchipped and given the Rabies Vaccine when the puppy turns 4 months old.

Agree  Do not Agree \_\_\_\_\_ Initials

If you are adopting a puppy under the age of 4 months old, a Board Member of Milo's Dog Rescue will contact you when the puppy turns 4 months old to schedule a Spay or Neuter, Microchip and Rabies Vaccine. The appointment will be made by Milo's Dog Rescue and you agree to bring your dog to the appointment for the scheduled services.

Agree  Do not Agree \_\_\_\_\_ Initials

Any non-compliance to the above may result in the puppy/dog being returned to Milo's Dog Rescue.

Agree  Do not Agree \_\_\_\_\_ Initials

The past medical and behavioral history of a rescue dog is not known, although we make every effort to screen and vet our animals. Once the animal has been adopted by his/her new owner and left our custody, you agree that Milo's Dog Rescue Group of South Florida, Inc. is released from ownership and all liability.

Agree  Do not Agree \_\_\_\_\_ Initials

If for ANY REASON, you are unable to care for your adopted animal, you agree to notify Milo's Dog Rescue of South Florida to return the pet with no questions asked. You agree to give us at least a week to make arrangements for the animal. You agree NOT to euthanize the animal. You agree the adoption fee is non-refundable.

Please print and sign your name below to certify that you have read and agree with all the regulations set forth and that all of the information contained within this application is true to the best of your knowledge.

Print Name: \_\_\_\_\_

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

Driver's License#: \_\_\_\_\_

Thank you for adopting from Milo's and saving a life!

Comments:

Thank you, Stacy Billingslea: \_\_\_\_\_ Date: \_\_\_\_\_