

VALHALLA RESCUE CENTER

ADOPTION & FOSTER

APPLICATION & AGREEMENT

Thank you for your interest in adopting an animal from the Valhalla Rescue Center. Please print or type your responses clearly as incomplete or illegible applications will not be considered.

Personal Information

NAME		
CELL PHONE ()	HOME PHONE ()	WORK PHONE ()
ADDRESS		APARTMENT NUMBER
CITY	STATE	ZIP
EMAIL ADDRESS		DATE OF BIRTH
Are you a current or former law enforcement officer, covered employee or the spouse or child of a covered employee who is exempt from public records disclosure under Florida Statue 119.007? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Household Information

TYPE OF DWELLING House Apartment Townhouse Mobile Home	Do you own or rent your residence? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Family Owned
HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS?	Do you plan on moving within the next month? No Yes Unsure
LANDLORD'S NAME / PROPERTY OWNER NAME	LANDLORD / PROPERTY OWNER'S PHONE
NUMBER OF ADULTS IN THE HOME:	NAMES OF ADULTS IN HOME:
WILL THIS ANIMAL BE EXPOSED TO CHILDREN? <input type="checkbox"/> No <input type="checkbox"/> Yes	AGES OF CHILDREN

I am completing this questionnaire in the interest of adopting (please prioritize your selection)

#1	Animal Name:	Animal ID # (A):
#2	Animal Name:	Animal ID # (A):

Please complete page two

Pet Experience

HOW MANY PETS DO YOU CURRENTLY OWN / HAVE?
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Number of dogs:	Number of cats:	Number of others:	Species:
PET'S NAME:	BREED:	AGE:	
SEX: <input type="checkbox"/> intact male <input type="checkbox"/> neutered male <input type="checkbox"/> intact female <input type="checkbox"/> spayed female			
PET LIVES: <input type="checkbox"/> inside <input type="checkbox"/> inside & outside <input type="checkbox"/> outside-fenced <input type="checkbox"/> outside- NO fence <input type="checkbox"/> outside-chained			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE IS PET NOW?	
PET'S NAME:	BREED:	AGE:	
SEX: <input type="checkbox"/> intact male <input type="checkbox"/> neutered male <input type="checkbox"/> intact female <input type="checkbox"/> spayed female			
PET LIVES: <input type="checkbox"/> inside <input type="checkbox"/> inside & outside <input type="checkbox"/> outside-fenced <input type="checkbox"/> outside- NO fence <input type="checkbox"/> outside-chained			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE IS PET NOW?	
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HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE IS PET NOW?	
FAMILY VETERINARIAN CLINIC NAME		FAMILY VETERINARIAN CLINIC PHONE	
Are the veterinary records in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, whose name is on the records?			

New Pet Information

My new pet will spend its time (check all that apply):

Outside – Free Roam : No fence Outside - Fenced Outside – In a Pen Outside – Chained/Tethered

If Outside – On a Runner If Outside – Leash Walked At A Dog Park

Inside – Free Roam Inside - Crated Inside – Isolated to one room In Garage On Patio/Porch

How many hours per day will your new pet be alone? 1 – 3 hours 4 – 6 hours 7 – 9 hours over 9 hours

Are you prepared to take your new pet to the veterinarian for a physical/exam in the first week? Yes No

DOG ADOPTERS ONLY

Do you have a fenced in area? No Yes - If “Yes”, what type & height is your fence?

Do you have outdoor shelter for the dog? No Yes - If “Yes”, what type of shelter?

Are you familiar with heartworms and heartworm prevention? No Yes I would like more information

I am prepared to deal with some behavioral issues with my new dog: No Yes

In signing this questionnaire, I certify that the information I have provided is true and that I understand the adoption requirements.

Applicant's Signature