



9716 Moore Road
Lakeland, FL 33809
863-258-8512
savingpawsrescueoffloridainc@gmail.com

Dog/Puppy Adoption Application

Name of 1st dog adopting: _____ Date: _____

Name of 2nd dog adopting: _____

New Name (If changing): _____

AGREEMENT

Thank you for your interest in adopting a rescue animal from Saving Paws Rescue of Florida, Inc. Please initial next to each below your understanding and agreement.

_____ The adopter agrees that the animal will be kept only as a domesticated house pet. This means that dogs will be kept indoors except for periods of exercise in a fenced in yard, dog park or on a leash. Dogs are also not to be chained or caged outside.

_____ I agree to not giveaway, sell, or dispose of adopted animal to another individual, dealer or to surrender to a rescue or shelter, if at a later date, I am unable or unwilling to keep this pet, I agree to first contact Saving Paws Rescue of Florida to take back ownership.

_____ The adopter agrees there will be no refund of adoption fees after 14 days.

_____ Applicant is to be at least 21 years of age. If under 21, a parent's signature is required.

_____ Applicant cannot have had any conviction involving neglect and/or abuse of an animal.

_____ Have consent from landlord or HOA if required, to have a dog or cat.

_____ All dogs and cats in the home up to date on annual vaccinations at time of adoption.

_____ It is our policy to follow-up with new owners after an animal has been adopted. We will be contacting you within a week to see how the adoption is going and if there are any problems or concerns.

_____ I hereby agree to keep adoptee up to date and or send pictures of the adopted pet within the first month of adoption.

_____ Saving Paws Rescue will set up a home check if we feel the need exists prior to adoption to ensure use that you will be providing a safe and healthy home for the adopted pet.

Filling out this application does not guarantee that you will be approved or chosen to be the adopter of the animal you selected. We place dogs based on criteria which is in the best interest of the pet.

NOTE: All dogs adopted from Saving Paws Rescue of Florida will be spayed and neutered prior to the finalized adoption process. All adoption fees include alteration, one-year rabies vaccination, deworming, microchip, and distemper vaccination, and heartworm test.

ALL information is required to be filled out at the time of the adoption process.

ANIMAL INFORMATION:

Animal Name: _____ Age: _____

☐ Female ☐ Male Breed: _____

Microchip: _____ Company: 24PetWatch

Animal Name: _____ Age: _____

☐ Female ☐ Male Breed: _____

Microchip: _____ Company: 24PetWatch

ADOPTER INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Alt Phone: _____

Birthdate: _____

Email address: _____

How long have you lived at this address? _____

If less than two years at present address, please provide previous address:

Address: _____

City: _____ State: _____

Employer: _____

Employer's Address: _____

Employer's Phone: _____

QUESTIONNAIRE

Please list two persons for emergency contact in case adopter cannot be reached.:

Reference #1:

Name: _____

Relationship: _____ Phone: _____

Reference #2:

Name: _____

Relationship: _____ Phone: _____

How many people (not including yourself) live in your home? Adults: _____ (18+) Children: _____

Is everyone in the household in favor of adopting a pet? ☐ Yes ☐ No

If no, please explain: _____

Does anyone in the household have pet allergies? ☐ Yes ☐ No

If yes, please explain: _____

What type of dwelling do you live in?

☐ House

☐ Condo

☐ Apartment

☐ Mobile home

Do you own or rent? ☐ Own ☐ Rent

If you own your home, does you HOA allow pets? ☐ Yes ☐ No

If you rent, does your landlord allow pets? ☐ Yes ☐ No

If yes, have you checked if there is a pet fee? ☐ Yes ☐ No

Do you have a yard for the dog to exercise? ☐ Yes ☐ No

If you have a yard, is it? ☐ Completely fenced ☐ Partially fenced ☐ Unfenced

Are the gates kept locked or secured? ☐ Yes ☐ No

Do you have some who will care for the dog when you're away from home? ☐ Yes ☐ No

Do you have any other pets? ☐ Yes ☐ No

If yes, how does your pet(s) interact with other dogs? _____

If you already have other pets, are they spayed and/or neutered? ☐ Yes ☐ No

If you do not currently own a pet, have you owned dogs in the past? ☐ Yes ☐ No

CARE AGREEMENT

Please initial each section of the Adoption Care Agreement acknowledging that you agree to the following terms and conditions regarding the care and treatment of the pet you are adopting from our rescue:

_____ The Adopter agrees to pay Saving Paws Rescue of Florida, Inc. (SPRF) an adoption fee of:

\$ _____

_____ The Adopter understands that the adoption fee is immediately spent on saving another pet's life and, therefore, if the dog is returned for any reason, the adoption fee is non-refundable after 30 days.

_____ The Adopter agrees to have the dog examined by a licensed veterinarian at least once each year and will receive adequate vaccinations and treatments to ensure good health.

_____ The Adopter will provide the dog with a safe home, proper care, attention, which includes a healthy diet, fresh water, and shelter at all times.

_____ In the event Saving Paws Rescue of Florida discovers inhumane treatment of the adopted animal or breach of this contract, it is agreed that the SPRF has the right to immediately take possession of the dog. It is understood by the Adopter that a representative of the Saving Paws Rescue of Florida, Inc. may conduct a home visit to verify the welfare of the adopted animal if there is suspected abuse or neglect.

_____ The Adopter agrees to keep the Saving Paws Rescue of Florida, Inc. informed of any address or phone number changes.

_____ The Adopter agrees to notify the Saving Paws Rescue of Florida, Inc. of any incident involving Animal Control and/or complaints arising from ownership of the dog and/or if the adopted animal becomes lost or stolen immediately.

_____ The Adopter agrees that the Saving Paws Rescue of Florida, Inc. is not liable or responsible for future damages or injuries caused by the adopted or dog.

_____ Saving Paws Rescue of Florida, Inc. makes no warranties or guarantees regarding the animal's health, medical status, or temperament. The Adopter understands that the cat or dog may have been rescued from an animal shelter or lived as a stray and possibly exposed to communicable disease(s). For this reason, the Adopter understands that it is critical to have the animal examined promptly by a veterinarian prior to exposure to other pets.

TERMS OF THE AGREEMENT

All of the above information is true and complete. I agree to follow all the rules and procedures of Saving Paws Rescue of Florida (SPRF). I will not hold SPRF responsible for any damage, injury, or harm caused directly or indirectly to any person or property by any adopted animal. I, the undersigned, have read the above requirements and conditions and understand them fully.

APPLICANT:

Signature

Date

SAVING PAWS RESCUE REPRESENTATIVE:

Signature

Date

FOR OFFICE USE ONLY:

FOR OFFICE USE ONLY:

- ☐ Application Accepted
- ☐ Application Denied
- ☐ Saved to Google Docs
- ☐ Entered into Shelter Manager
- ☐ Microchip Transferred

Adoption Location

☐ PS ☐ Shelter ☐ AAP ☐ RM

☐ PF Other _____

Payment Received

☐ PP ☐ Cash ☐ Check ☐ Credit

☐ Venmo ☐ Cash App ☐ Zelle

☐ Other _____

Amount Paid _____

☐ Entered in PS iPad