



Broward County
ANIMAL CARE AND REGULATION DIVISION
ADOPTION APPLICATION
(Incomplete Application will not be approved)

Name: _____ Date: _____
Last Name First Name M.I.

Address: _____
Street Apt. Number City Zip Code

Home phone: () _____ Alternate phone: () _____

How long have you lived at present address? _____ Years _____ Months Children _____ Ages: _____

In what type of dwelling do you reside? Single residence (house) Condo/Apartment Mobile Home

Do you rent or own your residence? Own Rent

If renting, give name and phone number of landlord/owner: _____

Does property owner approve of pets on premises? Yes No Size or weight restrictions? _____

Employer: _____ Address: _____ Phone: _____

How many cats/dogs do you presently own? _____ Cats _____ Dogs Vaccinations Current? Yes No

Veterinarian's name: _____ Phone: () _____

Where will you house the animal? Indoors Outdoors (If outdoors, is yard fenced?) Yes No

Type of outside shelter available for animal: _____

Name of local reference: _____ Phone: () _____

Address of reference: _____

How did you learn about our adoption program? Brochure Yellow Pages TV Other _____

Radio Friend Newspaper Internet Vet's Office Humane Society Pets of Week

To the best of my knowledge, the information provided above is accurate. I understand that a field investigation may be required before approval of my application. I further understand the animal I wish to adopt today may no longer be available for adoption when my application is approved and that my approved application will be kept on file for 90 days. I have a general understanding of the requirements of companion animal ownership, and I agree to abide by the county ordinance relating to the care and licensing of the animal I adopt. **I also understand that the Animal Care and Regulation Division (AC&RD) may deny my request for adoption.**

I agree to allow AC&RD at any time or times within one year from the date of adoption to investigate the premises where the animal is kept and to reclaim the animal if, upon reliable evidence, AC&RD staff investigates and determines that the animal is not being adequately care for. In the event AC&RD reclaims the animal, I knowingly and freely hold harmless Broward County from any and all liability, damages, debts, costs, or expenses incurred during my possession of the animal.

Signature of Applicant

— TO BE COMPLETED BY ANIMAL CARE PERSONNEL ONLY —

Address Verification: _____

Driver's License No.: _____ State _____ Year of Expiration: _____ D.O.B. _____

Field Investigation: Required* (See attached for disposition) Not Required

Application: Approved Not Approved Reason _____

AC&RD Representative Initials

*NOTE: Before adopting a pet from the Broward County Animal Care and Regulation Division, please contact your city of residence to obtain any ordinances or regulations for pet limits in your city and regulations governing breeds of dogs such as pit bulls that may require registration, containment, and liability insurance.

Field Investigation form (if applicable) must be attached to this form.