



ADOPTION APPLICATION

ALL INFORMATION MUST BE COMPLETED.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED!

I would like to adopt: A _____
Animal ID Number Pet's Name (if name is listed)

Your name Co-Adopter/Spouse Name (if applicable)

Your Street Address/plus Apt or Unit # City, State, Zip Code, County

Home Phone: _____ Cell: _____ Work: _____

E-Mail Address: _____

Providing your e-mail address is volunteer. Broward County does not sell e-mail lists. However, the information contained herein are public records that, absent an exemption, must be produced pursuant to a request under Chapter 119, Florida Statutes.

___ Yes! I want to receive valuable pet-related information from Broward County and their partners.

___ No, I do not want to receive valuable pet-related information from Broward County and their partners.

Do You: ___ Own ___ Rent ___ Live with parents or another person

If you rent: _____
Name of Owner/Property Manager Phone number of property owner or landlord

Do you know what your pet restrictions (if any) are where you live? ___ Yes ___ No

Who lives with you? _____
of Adults # of Children # of Dogs # of Cats # of Other Pets

By signing below and submitting this Adoption Application, I agree that the information I've provided is true and correct. I also verify that I am at least 18 years old and have never been convicted of animal cruelty or neglect. I understand that by submitting this form, a representative from Animal Care will call me to discuss my application. I also understand that the adoption of this pet is based on availability of the pet and that all Adoption Applications are processed on a first-come, first-served basis. My adoption is not final until Animal Care has confirmed the adoption and I come to pick up the pet at my assigned date and time.

Signature (Application must be signed)

Date (Application must be dated)

Time

