



# 100+ Abandoned Dogs of Everglades Florida

## Adoption Application

Please email to [100plusabandoneddogs@gmail.com](mailto:100plusabandoneddogs@gmail.com)

Fax to: 1-954-306-2920

Mail to: 100plusanimalrescue, Inc., 300 E. Oakland Park Blvd. #401  
Wilton Manors, FL 33334

(TO BE COMPLETED BY 100+ ABANDONED DOGS OF EVERGLADES FLORIDA)

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Male: \_\_\_\_\_ Neutered? Yes/No - Female: \_\_\_\_\_ Spayed? Yes/ No

Description (color, special markings, etc.): \_\_\_\_\_

Microchip Number: \_\_\_\_\_

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Applicant Full Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_@\_\_\_\_\_

Animal you are applying to adopt \_\_\_\_\_

### Family/Household Information

Number of adults in household: \_\_\_\_\_ Ages of adults: \_\_\_\_\_

Number of children in household: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Type of Residence: \_\_\_ Single Family Home \_\_\_ Apartment \_\_\_ Condo \_\_\_ with Parents

\_\_\_ Own \_\_\_ Rent – Please provide Landlord’s name and phone number below:

Landlord Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Do you have a Homeowners Association or Condo Owners Association?  Yes  No

Any Pet Restrictions?  None  Size  Weight  Number of Pets  Breed Restrictions  
(Check All That Apply)

PET POLICY VERIFIED BY: \_\_\_\_\_ (100+ REPRESENTATIVE)

Do you have a fenced in yard?  Yes  No

Do you have a pool?  Yes  No / Enclosed?  Yes  No

Do you:  Work outside/inside the home?  Attend School? Is anyone home during the day?  Yes  No

How many hours per day will your pet be without human companionship? \_\_\_\_\_

Who will be responsible for FEEDING? \_\_\_\_\_/TRAINING? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_. Any plans to move in the near future?  
 Yes  No Why would you like to adopt an animal from us?

Companion for self  Gift  Companion for child  Watch dog  Companion for another pet  
 Companion for another household member

**Employment Information**

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

How long have you been with this employer? \_\_\_\_\_

Working Hours: \_\_\_\_\_

**References:**

Please list two personal references below that do not live with you. (No Relatives Please)

1. \_\_\_\_\_ (\_\_\_\_)  
(Name) (Relationship) (Phone Number)

2. \_\_\_\_\_ (\_\_\_\_)  
(Name) (Relationship) (Phone Number)

**Pet Information**

Have you had pets in the past or do you currently have pets? \_\_\_ Yes \_\_\_ No

Please tell us about them:

Name	Breed	Age	Gender	Spayed/Neutered	Where are they?
				Yes / No	
				Yes / No	
				Yes / No	
				Yes / No	
				Yes / No	

**Veterinarian Information:**

Veterinarian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Veterinarian's Phone :(\_\_\_\_) \_\_\_\_\_

Up to date on vaccines? \_\_\_ Yes \_\_\_ No      Current on Heartworm? \_\_\_ Yes \_\_\_ No

Have you ever given an animal away or relinquished an animal to a shelter? \_\_\_ Yes \_\_\_ No

If yes, what were the circumstances? \_\_\_\_\_

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Where will your dog be housed during the day (check all that apply)?

\_\_\_ Inside crated \_\_\_ Inside loose (list location) \_\_\_\_\_

Where will your dog be kept when unsupervised or when left alone?

\_\_\_ Inside crated \_\_\_ Inside loose (list location) \_\_\_\_\_

Where will dog sleep?

\_\_\_ Inside crated \_\_\_ Inside loose (list location) \_\_\_\_\_

Who in the household will be the dog's primary care giver? \_\_\_\_\_

In case of emergency, who will care for your dog? \_\_\_\_\_

How many times per day do you plan to take your dog outside? \_\_\_\_\_

How do you plan to house train your dog? \_\_\_\_\_

How many hours per day will your dog be left alone? \_\_\_\_\_

What would you do if your dog develops a problem with?

- Digging: \_\_\_\_\_
- Barking: \_\_\_\_\_
- Chewing: \_\_\_\_\_
- Separation Anxiety: \_\_\_\_\_
- Aggression: \_\_\_\_\_

## **PLEASE READ CAREFULLY**

**Adopting a pet is a serious and long term commitment. A pet you adopt today will likely be a part of your family for the next 10 to 15 years! Each pet has its own personality and preferences that you can help shape through love and conscientious training.**

**A dog makes considerable demands on your time and resources. Dog parents need to spend time walking, grooming, training, and playing with their dogs every day. Some dogs may require professional grooming or training.**

**Dogs require special food and regular veterinary care. This includes annual vaccination and MONTHLY PREVENTIVE MEDICATIONS FOR HEARTWORM AND FLEAS AND TICKS! Even in the case of healthy animals, these expenses can exceed \$1,500 a year.**

**\*If you are adopting a PUPPY, please be aware that they may not be finished with the required puppy shots. It is the Adopters Responsibility to ensure that your Puppy receives the required additional vaccinations.**

**\*100+ Abandoned Dogs of Everglades Florida has the right to request proof of required additional puppy vaccinations.**

**I agree to care for the animal in a humane manner and be a responsible animal guardian. This includes supplying adequate food, water, shelter, attention, and medical care. \_\_\_\_\_ (initial)**

**Are you prepared to accept the financial and personal responsibility for a pet? **Yes No****

**A representative from 100+ Abandoned Dogs of Everglades Florida may follow up with you and your pet by visiting you in your home or by talking with you over the phone. We would visit your residence by appointment only. Are you willing to allow a 100+ Abandoned Dogs of Everglades Florida representative to periodically follow up to see how the dog is doing in his/her new home? **Yes No****

I agree that if at any point I cannot keep the animal, I will return him/her to 100+ Abandoned Dogs of Everglades Florida. \_\_\_\_\_ (initial)

I understand that 100+ ABANDONED DOGS OF EVERGLADES FLORIDA has the right to deny any application.

I give permission for a representative of 100+ ABANDONED DOGS OF EVERGLADES FLORIDA to call the references and veterinary practices I have listed.

**This is a legally binding contract.**

I agree that all statements I have made on this application are true. If it is found that any statements I have made on this application are not true, the adopted animal will be confiscated and brought back into the loving care of 100+ Abandoned Dogs of Everglades Florida.

All Household Residents must be in Total Agreement of the Adoption. All persons residing in the residence above the age of 18 must sign and date.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**This Application has been approved by 100+ Abandoned Dogs of Everglades Florida.**

\_\_\_\_\_

**100+Abandoned Dogs of Everglades Florida**

**Date**

**Adoption Fee in the amount of \$ \_\_\_\_\_ has been received**