



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

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 Statute 119.007? ☐ Yes ☐ No			

TYPE OF DWELLING ☐ House ☐ Apartment ☐ Townhouse ☐ Mobile Home		Do you own or rent your residence? ☐ Own ☐ Rent ☐ 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? ☐ No ☐ Yes		AGES OF CHILDREN	

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

revised 10/2026 BGH

Pet Experience

HOW MANY PETS DO YOU CURRENTLY OWN / HAVE?			
Number of dogs:	Number of cats:	Number of others:	Species:
PET'S NAME:	BREED:	AGE:	
SEX: ☐ intact male ☐ neutered male ☐ intact female ☐ spayed female			
PET LIVES: ☐ inside ☐ inside & outside ☐ outside-fenced ☐ outside- NO fence ☐ outside-chained			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES? ☐ Yes ☐ No	WHERE IS PET NOW?	
PET'S NAME:	BREED:	AGE:	
SEX: ☐ intact male ☐ neutered male ☐ intact female ☐ spayed female			
PET LIVES: ☐ inside ☐ inside & outside ☐ outside-fenced ☐ outside- NO fence ☐ outside-chained			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES? ☐ Yes ☐ No	WHERE IS PET NOW?	
PET'S NAME:	BREED:	AGE:	
SEX: ☐ intact male ☐ neutered male ☐ intact female ☐ spayed female			
PET LIVES: ☐ inside ☐ inside & outside ☐ outside-fenced ☐ outside- NO fence ☐ outside-chained			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES? ☐ Yes ☐ No	WHERE IS PET NOW?	
FAMILY VETERINARIAN CLINIC NAME		FAMILY VETERINARIAN CLINIC PHONE	
Are the veterinary records in your name? ☐ Yes ☐ 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	
CAT ADOPTERS ONLY	
Do you plan to declaw your cat? ☐ No ☐ Yes - If “Yes”, which claws? ☐ Front ☐ Back ☐ Both	
If there is another animal in the home, are you familiar with how to successfully introduce your new cat?	
☐ No ☐ Yes ☐ I would like more information	

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

Applicant's Signature