

Do you plan to move within the next 6-12 months?

If you rent, are pets allowed?

(352) 528-3060 🖀

city.planner@willistonfl.org

www.tinyurl.com/wcasfl ⊗

WCAS Pet Adoption Application

Name of Animal:		Dog/Cat:	Date:	
 (Remember, puppies get bigget If you already own animals, to preventions. Be able and willing to provide at Be financially stable and willing 	ur present address. Int of your landlord. If it within any weight and requir!) Ithey must be up to date on the alloving, safe and peaceful envirous to provide any necessary mediculation of the animal control of the anima	heir core vaccines, inclionment for this pet. cal care. ordinance, and you cann	r community may have, including breed restri uding but not limited to rabies and other o not have had any serious animal control ord	current
aware of the responsibility and The following questionnaire ha are adequately prepared to as	d is capable and willing to acc as been designed to aid bot ssume the responsibility of	tept that responsibility h you and the adoption pet ownership and to	o ensure that each person who adopts a y morally, physically, and financially. on group in deciding if you and/or your o help place pets in a proper home. Plea uestion does not apply write N/A.	family
Name:			Age:	
Phone:	Other Phone:		Other Phone:	
Email:		What is the best wa	y to contact you?	
Address:		_City/State:	Zip:	
Occupation:		_ Spouse's Occupation:		
Please list the name, age and re	lationship to yourself of each	person currently living	in your house (i.e Mary, spouse 35)	
Does anyone living in your hon	ne have any known allergies	? Yes	No	
Your type of dwelling: Hou	se Condo Apartme	nt Townhouse Le	ength of time at residence:	

Pet Deposit?

Yes

Yes

No

How much?

What is the name of the property owner/ agent?				
Contact name and phone number:				
Why do you want to adopt at this time? Companion for you / family / another pet Guard Dog				
Gift (for whom)Other:				
Do all adults in your household know you plan to adopt? Yes No Not Applicable				
Have your children ever been around dogs and/or cats? Yes No Not Applicable				
Has your child ever been bitten by a dog? Yes No Not Applicable				
Do your current pets get along with other animals? Yes No Not Applicable				
This pet will be: Mostly Indoor Mostly Outdoor Outdoor Outdoor only				
Where will your new pet sleep at night?				
In what areas of the house will the dog/cat be allowed?				
How many hours per day on average will the pet be alone? 0-2 2-4 4-6 6-8 8-10 10-12 over 12				
Do you have a fenced yard? Yes No Type? Wood Chain Link Split Rail Height				
Do you have locks and/or latches on all your gates? Yes No				
Do you have a: Pool Pet Door Unscreened Windows				
Will you ever have your dog on tie out? Yes Explain				
Do you travel? Yes No				
Where do your pets stay if and when you travel?				
PAST/PRESENT PET HISTORY.				
Please list the name, type, age, gender, and if pet is spayed or neutered of all current animals. (i.e Duke, yellow lab, 1 ½ years old,				
male neutered)				
Please list age, type, gender and if the pet was spayed or neutered for all animals you no longer have and what happened to that				
animal. (i.e Rosie, German Shepard, spayed female, died of old age)				
Are your companion animals spayed/ neutered? Yes No				
If not, why?				
Are your animals current on all vaccinations? Yes Date of last vaccinations:				
If adopting a CAT, do you plan to declaw? Yes No Not Applicable				
How often do you think a dog/cat should go to the vet for routine care?				

Name of current or last veterinarian? Name/phone number?
May we contact this vet as a reference? Yes No
What would you do with your pet if you could not keep it for the reasons stated above?
Have you ever surrendered a pet to a shelter/pound? Yes No If yes, why?
Do you have a relative who would adopt the pet if you, for any reason, become incapable of caring for him/her? If yes, please provide name, address, phone number and relation:
Would you allow an inspection of your home and/or yard? Yes No
PLEASE PROVIDE TWO PERSONAL REFERENCES:
Name:Phone:Email:
Name:Phone:Email:
How did you hear about Williston Community Animal Shelter?
Is there anything else you would like to tell us that you think would be important when considering your application?
Please read and sign below: Many factors determine which applicant will be matched with a particular pet. If you are not able to adopt a pet today it does not mean that you are not considered a good pet owner or that your home is not acceptable. Our goal is to place all animals into homes that will best suit their individual needs. Please ask for clarification if you have any questions.
I have completed this application truthfully and fully understand the adoption process.
Signature:Date:

If we do not call or email you within 7 days of receiving your application, it means that either:

- 1. The pet was adopted by a previous applicant.
- 2. We felt the situation presented on the application was not the right situation for that particular pet.

Thank you for taking the time to complete this application