1 Oak Street
Crawfordville, FL 32327
Phone: 850-926-0902
Fax: 850-926-0930
www.mywakulla.com

ADOPTION QUESTIONNAIRE

Thank you for your interest in adopting an animal from Wakulla Animal Services. Please print or type your responses clearly as incomplete applications will not be considered.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Driver's License #: _____

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 Statue 119.007? ☐ Yes ☐ No

Household Information

Type of Dwelling: ☐ House ☐ Apartment ☐ Townhouse ☐ Mobile Home

Do you own or rent your residence? ☐ Own ☐ Rent

How long have you lived at this address? _____

Do you plan on moving in the next 6 months? ☐ Yes ☐ No ☐ Unsure

Landlord Name: _____ Landlord Phone Number: _____

Number of Adults in Home: _____

Are there children in the home? ☐ Yes ☐ No If yes, how many? _____

Age(s) of Children: _____

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I am completing this questionnaire in the interest of adopting:

#1	Animal Name:	Animal ID #:
#2	Animal Name:	Animal ID #:

New Pet Information:

Where will your new pet spend most of its time? ☐ Outside ☐ Inside

If outside, what type of outside shelter will be provided?

Do you have a fenced-in area?

Will you contact Wakulla Animal Services if you are unable to keep the animal?

Wakulla Animal Services will not adopt to homes that will tether dogs outside or to owners who intend to declaw cats.

Pet Experience:

How many pets do you currently own/have?
Dogs: ____ Cats: ___ Other (specify): _____

1. Pets Name: _____ Type/Breed: _____ Age: _____
How long have you had pet? _____ Altered: ☐ Yes ☐ No

2. Pets Name: _____ Type/Breed: _____ Age: _____
How long have you had pet? _____ Altered: ☐ Yes ☐ No

3. Pets Name: _____ Type/Breed: _____ Age: ____
How long have you had pet? _____ Altered: ☐ Yes ☐ No

Are your pets current on vaccines? ☐ Yes ☐ No

Are your pets on heartworm prevention? ☐ Yes ☐ No

Family Veterinarian: _____ Phone: _____

May we contact your veterinarian as a reference? ☐ Yes ☐ No

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PERSONAL REFERENCES – MUST put at least 1 reference. We will contact if no vet reference is available.

1. Name: _____ Phone Number: _____
   Years Known: _____
2. Name: _____ Phone Number: _____
   Years Known: _____
3. Name: _____ Phone Number: _____
   Years Known: _____

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

_____ _____
Applicants Signature Date

FOR OFFICE USE ONLY

Verified through Tax Assessors Website? ☐ Yes ☐ No

Landlord Approved? ☐ Yes ☐ No Special Requirements: _____

Application Status ☐ Approved ☐ Denied Reason for Denial: _____

WAS Staff Signature: _____ Date of Decision: _____