

**ADOPTION
APPLICATION**



BORN FREE PET SHELTER

A non-profit 501©3 Corporation

PO Box 823

Key Biscayne FL 33149

(305) 361-5507

Name of the dog(s) you are considering: _____ Date: _____

Your name: _____ occupation: _____

Address: _____ City: _____ Zip: _____

Phones. Home: _____ Cell: _____ Work: _____

Email: _____

Animals you currently own (names, breed, age): _____

_____ are they spayed/neutered? _____

Vaccines up to date?

Veterinarian reference (name and number): _____

Animals owned previously but no longer with you (past 5 years):

What happened to them?

Who lives in your home? Names, relationship to you and ages:

Is anyone home during the day? _____ who? _____

Who will be providing the main care of the animal? _____

Where will the dog stay during the day? _____

At night? _____

Have you ever had to put an animal to sleep for any reason?

If you are not home during the day, have you considered adopting two animals to keep each other company? Yes No

Do you rent/own? If renting, please provide landlord so we can verify the ability to adopt a dog: name and number _____

How long will you give your pet to adapt to a new home? _____

What will you do if your dog doesn't get along with your current animals? _____

Who will care for your animals if you go on vacation?

What do you think are the most important things in owning an animal?

Personal references: