

Adoption Disclaimer

Clay County Animal Care and Control has little or no prior knowledge as to the health, temperament, eventual size, weight, or background of the animal that you are adopting. This animal is being adopted in **AS IS** condition and without guarantee. Whatever preventative treatment given by Animal Care and Control to protect the animals health is not conclusive and further precautionary veterinary treatment may be necessary.

It is the adopters responsibility to secure and pay for services of a veterinarian of their choice. Clay County Animal Care and Control is not liable for any veterinarian bills that are incurred after you adopt the animal and have it treated by a veterinarian.

By signing this document you acknowledge you have read and understand the above statement.

Signature & Date

Printed Name

CLAY COUNTY PET ADOPTION APPLICATION

Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

1. What is your reason for adopting? _____

2. Who will be responsible for the care of the pet? _____

3. Do you own pets currently? _____ if so, please list there names here _____

4. Do your pets have current rabies vaccinations? _____ What vet administered the
Vaccinations? _____

5. Are your pets spayed or neutered? _____

6. Will this pet be kept outside? _____ if so what type of shelter will it have? _____

Do you have a fenced yard? _____

7. Do you own your own home? _____ if you rent, does your lease allow pets? _____

Does your landlord require a pet deposit? _____ has it been paid? _____

8. Have you ever received a citation from, or had a pet impounded at Animal Control? _____

If yes, please explain _____

9. Have you ever been convicted of animal cruelty, abuse or neglect? _____

10. Are you involved in any activity involving animals? _____ what type of

Activity? _____

The above information is completed and accurate to the best of my knowledge.

SIGNATURE _____

Office use only:

Adopter counseled on following: Containment laws _____ Basic Care _____ Sterilization _____

Law _____ vet care _____ exercise _____ rabies vacc. Law _____ FL picture ID. _____