

ADOPTION APPLICATION

(Revised 2/8/07)



www.wildlifecarecenter.org
Serving the South Florida
Tri-County Region

Date: _____
Name: _____
Home Phone: (____) _____ Cell: (____) _____
Work Phone: (____) _____ Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____
State ID or Drivers License No: _____ State: _____

To be completed by WCC personnel

WCC Case # _____ Animal: _____
ADM # : _____ P/U _____ Adoption Fee: _____

In an effort to provide the best possible placement for each animal & ensure that every adopter is educated on the responsibilities involved, WCC policy requires that an Adoption Counselor meets with you in your home prior to adoption. We may also make a follow up contact to inquire as to the status of the animal up to a year after that animal has joined your family.

Do you agree to these conditions? YES NO

1. What type of animal would you like to adopt? _____

Why do you want to adopt this animal? _____

2. Do you: Own _____ Rent _____

House: _____ Condo _____ Apt. _____ Mobile home _____

3. If renting, give name & phone no. of landlord: _____

4. How long have you lived at the present address: _____ Years _____ Month

5. Veterinarian's Name: _____ Phone: _____

6. What type and how many animals are currently living in your home? _____

7. What other experience have you had caring for animals? _____

8. # living in your household. _____ Adults _____ Children & Childrens Ages _____

9. Which family member is responsible for the care of your pets? _____

10. When you vacation, who cares for your pets? _____

11. Have you ever had to give one of your pets away or surrender to an animal shelter? YES NO

If yes, why: _____

12. If something should happen to you and you were no longer able to care for your pet(s), what provisions would be made for them? _____

13. Are you willing to accept the additional financial responsibility for food, toys and the cost of medical care for your pet(s)? YES NO

Please note that rabbits, hamsters, guinea pigs are highly sensitive creatures. Over the counter flea control products may cause illness or death to these animals. ALWAYS consult a veterinarian regarding the best and safest flea/tick control product for individual species.

14. The care and medical attention given to our animals has been the very best possible; however, undetected medical problems may arise after the adoption. Do you understand that once the adoption is finalized, you will be completely responsible for any and all costs associated with your new pet's medical care? YES NO

15. In the event of a disaster such as a flood or hurricane, what will you do with your pet(s) if you are required to evacuate? _____

PLEASE NOTE:

COMMUNITY SHELTERS SUCH AS SCHOOL GYMS, CHURCHES ETC. WILL NOT ACCEPT PETS!

The SPCA Wildlife Care Center is a nonprofit organization that relies upon donations from the community to continue our important work. We require an adoption fee to cover the costs of food/medical care provided to the animal(s) you are adopting and to contribute to the care of other animals we serve.

IMPORTANT:

How did you learn about the SPCA Wildlife Care Center's adoption program?

Brochure TV Radio Friend Website Vet Newspaper WCC Staff

Other: _____

Adoption Agreement

By signing this agreement I am verifying that to the best of my knowledge, the information provided above is accurate. I agree to meet in my home with a WCC Adoption Counselor prior to adoption. I have a general understanding of the requirements of companion animal ownership. I also understand that the SPCA Wildlife Care Center may deny my request for adoption.

By signing this agreement, I agree to:

- Provide humane care and treatment to the animal.
- If applicable, acquire any licensing in accordance with all applicable laws in my community.
- Not to sell, breed, give away or otherwise dispose of this animal to anyone other than the SPCA Wildlife Care Center (WCC).
- If for any reason I can no longer care for this animal, I agree to return it to the WCC.
- Agree that the animal will not be used for medical or any other experimental purpose
- Allow the SPCA Wildlife Care Center to inquire about the animal(s) at any reasonable time and if the WCC determines that the animal(s) is not being adequately cared for, the animal may be reclaimed by the WCC. In this event, I knowingly and freely hold harmless the SPCA Wildlife Care Center from any and all liability, damages, debts, costs or expenses incurred during my possession of the Animal.

Signature: _____

Printed Name: _____ Date: _____

SPCA WILDLIFE CARE CENTER
Helping Injured Wildlife Since 1969
3200 SW 4 Avenue
Fort Lauderdale, Florida 33315
Adoptions: 954-524-4302 Ext. 15

TO BE COMPLETED BY WCC STAFF

WCC Personnel: Please initial the following items to show verification.

Home Visit Date: _____ Home Visit Completed by : _____

Application: _____ Approved _____ Not approved

Comments: _____
