



**CITY OF  
TALLAHASSEE  
ANIMAL SERVICES**

1125 EASTERWOOD DRIVE ♦ TALLAHASSEE, FLORIDA 32311  
 PHONE (850)891-2950 ♦ FAX (850)891-2977 ♦ TALGOV.COM/ANIMALS  
 OPEN DAILY FROM 10AM-6PM (BY APPOINTMENT)  
 ADOPTION EMAIL ADDRESS: ADOPT@TALGOV.COM

**ADOPTION QUESTIONNAIRE**

Thank you for your interest in adopting an animal from the Tallahassee Animal Service Center. Please print or type your responses clearly as incomplete or illegible applications will not be considered.

**Personal Information**

NAME			
CELL PHONE (     )	HOME PHONE (     )	WORK PHONE (     )	
ADDRESS			APARTMENT NUMBER
CITY	STATE		ZIP
EMAIL ADDRESS			DATE OF BIRTH
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Household Information**

TYPE OF DWELLING House    Apartment    Townhouse    Mobile Home		Do you own or rent your residence? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Family Owned	
HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS?		Do you plan on moving within the next month? No    Yes    Unsure	
LANDLORD'S NAME / PROPERTY OWNER NAME		LANDLORD / PROPERTY OWNER'S PHONE	
NUMBER OF ADULTS IN THE HOME:	NAMES OF ADULTS IN HOME:		
WILL THIS ANIMAL BE EXPOSED TO CHILDREN? <input type="checkbox"/> No <input type="checkbox"/> Yes			AGES OF CHILDREN

**I am completing this questionnaire in the interest of adopting (please prioritize your selection)**

#1	Animal Name:	Animal ID # (A):
#2	Animal Name:	Animal ID # (A):

**Please complete page two**

## Pet Experience

HOW MANY PETS DO YOU CURRENTLY OWN / HAVE?			
Number of dogs:	Number of cats:	Number of others:	Species:
PET'S NAME:	BREED:	AGE:	
SEX: <input type="checkbox"/> intact male <input type="checkbox"/> neutered male <input type="checkbox"/> intact female <input type="checkbox"/> spayed female			
PET LIVES: <input type="checkbox"/> inside <input type="checkbox"/> inside & outside <input type="checkbox"/> outside-fenced <input type="checkbox"/> outside- NO fence <input type="checkbox"/> outside-chained			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE IS PET NOW?	
PET'S NAME:	BREED:	AGE:	
SEX: <input type="checkbox"/> intact male <input type="checkbox"/> neutered male <input type="checkbox"/> intact female <input type="checkbox"/> spayed female			
PET LIVES: <input type="checkbox"/> inside <input type="checkbox"/> inside & outside <input type="checkbox"/> outside-fenced <input type="checkbox"/> outside- NO fence <input type="checkbox"/> outside-chained			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE IS PET NOW?	
PET'S NAME:	BREED:	AGE:	
SEX: <input type="checkbox"/> intact male <input type="checkbox"/> neutered male <input type="checkbox"/> intact female <input type="checkbox"/> spayed female			
PET LIVES: <input type="checkbox"/> inside <input type="checkbox"/> inside & outside <input type="checkbox"/> outside-fenced <input type="checkbox"/> outside- NO fence <input type="checkbox"/> outside-chained			
HOW LONG HAVE YOU HAD PET?	CURRENT ON VACCINES? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE IS PET NOW?	
FAMILY VETERINARIAN CLINIC NAME		FAMILY VETERINARIAN CLINIC PHONE	
Are the veterinary records in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, whose name is on the records?			

## New Pet Information

My new pet will spend its time (check all that apply): <input type="checkbox"/> Outside – Free Roam : No fence <input type="checkbox"/> Outside - Fenced <input type="checkbox"/> Outside – In a Pen <input type="checkbox"/> Outside – Chained/Tethered <input type="checkbox"/> If Outside – On a Runner <input type="checkbox"/> If Outside – Leash Walked <input type="checkbox"/> At A Dog Park <input type="checkbox"/> Inside – Free Roam <input type="checkbox"/> Inside - Crated <input type="checkbox"/> Inside – Isolated to one room <input type="checkbox"/> In Garage <input type="checkbox"/> On Patio/Porch
How many hours per day will your new pet be alone? <input type="checkbox"/> 1 – 3 hours <input type="checkbox"/> 4 – 6 hours <input type="checkbox"/> 7 – 9 hours <input type="checkbox"/> over 9 hours
Are you prepared to take your new pet to the veterinarian for a physical/exam in the first week? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DOG ADOPTERS ONLY</b> Do you have a fenced in area? <input type="checkbox"/> No <input type="checkbox"/> Yes - If "Yes", what type & height is your fence?  Do you have outdoor shelter for the dog? <input type="checkbox"/> No <input type="checkbox"/> Yes - If "Yes", what type of shelter?  Are you familiar with heartworms and heartworm prevention? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I would like more information  I am prepared to deal with some behavioral issues with my new dog: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>CAT ADOPTERS ONLY</b> Do you plan to declaw your cat? <input type="checkbox"/> No <input type="checkbox"/> Yes - If "Yes", which claws? <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Both  If there is another animal in the home, are you familiar with how to successfully introduce your new cat? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I would like more information

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

\_\_\_\_\_  
Applicant's Signature