

4. Who is your veterinarian?

Name: _____ Phone Number: (_____)_____

5. I currently live in a:

House Apartment Condo Mobile Home Duplex

6. I currently:

Own Rent

7. If you rent, does your lease allow pets?

Yes No I'm not sure

8. If you rent, please provide your landlord's contact information:

Name: _____ Phone Number: (_____)_____

9. How long have you lived at the above address? _____ Years _____ Months _____ Days

10. How many people live in your household? _____ Adults and _____ Children

11. Does anyone in your household have any known allergies to animals?

Yes No **If yes, please list your allergies below.**

12. Who will be responsible for the care of this pet?

13. Where will this pet be kept during the day? _____ **Night?** _____

14. Where will this pet be kept when alone?

15. Are you familiar with the county ordinance concerning leash laws in Walton County for cats and dogs?

Yes No

DOG ADOPTIONS ONLY

21. Do you have a fenced in yard?

- Yes No

22. Do you understand that you will probably have to house train a new puppy or dog?

- Yes No

26. Are you familiar with crating?

- Yes No **If yes, how do you feel about it?**
-

27. Do you plan on taking your dog to obedience training classes?

- Yes No

28. Are you familiar with heartworm disease?

- Yes No

29. How will you keep your dog confined to your property? (Check all that apply)

- Kennel Fenced Yard Chain Garage Leash Patio

CAT ADOPTIONS ONLY

31. Will this cat be allowed outdoors?

- Yes No **If yes, under what circumstances?**
-

32. Do you plan on having the cat declawed? Yes No

33. What will you do if your cat claws furniture or shows other destructive behavior?

Please check each box indicating you have read and understand the following:

- I will provide proper and **sufficient food, water, shelter, treatment, and care** for the above described animal at all times. I will not abandon or abuse the animal.
- I will have the animal **immunized and examined annually by a veterinarian** at my expense. Further, I will ensure the animal will wear a valid rabies tag at all times, in accordance with Walton County Ordinance 2008-24.
- I will not permit the animal to run at large or to become a public nuisance. I will keep proper identification on the animal at all times and will immediately retrieve the animal from any public or private shelter when notified that the animal is being held at any such location. In the event the animal becomes lost, I will make every reasonable effort to locate and claim the animal.
- If I return the animal to the Walton County Sheriff's Office Animal Shelter for any reason, I will at no time assert any claim, charge, or demand of any kind or nature against the Walton County Sheriff's Office Animal Shelter for any charges which may have been incurred by me, including veterinarian fees, in connection with the animal.
- I understand that animals can be unpredictable and the Walton County Sheriff's Office Animal Shelter cannot anticipate or insure against unexpected conduct of animals adopted from the Walton County Sheriff's Office Animal Shelter. I acknowledge that the Walton County Sheriff's Office Animal Shelter has not made through its agents, volunteers, or employees, any warranties regarding the future condition, temperament, or conduct of the above described animal. I hereby accept the animal as is, assume all risks and responsibilities associated with ownership of the animal, including bites, and I hereby fully and completely release, waive, discharge, and covenant not to sue the Walton County Sheriff's Office, Walton County, and the Walton County Board of County Commissioners, Michael A. Adkinson, Jr. as Sheriff of Walton County, a Constitutional Officer for the State of Florida, individually and in his official capacity, all members of the Walton County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, contractors, sub-contractors, and agents from any and all liability arising out of or in connection with the adoption, care, or ownership, maintenance, retention, temperament, conduct, or condition of the animal, including but not limited to veterinary expenses incurred.

Further, I agree to indemnify and forever hold harmless to the extent the law allows, the Walton County Sheriff's Office, Walton County, and the Walton County Board of County Commissioners, Michael A. Adkinson, Jr., as Sheriff of Walton County, a Constitutional Officer for the State of Florida, individually and in his official capacity, and all members of the Walton County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, agents, contractors, and sub-contractors, for any and all claims, causes of action, demands or damages, and costs (to include reasonable attorney's fees) present, past, and future, on the part of anyone which may directly or indirectly, including death, arise out of in connection with the adoption, care,

or ownership, maintenance, retention, temperament, conduct, or condition of the animal, including but not limited to veterinary expenses incurred.

- I understand that, as with any medical procedures, there is a risk involved and that the Walton County Sheriff's Office Animal Shelter makes no guarantees the animal will survive the surgical procedure. In the event a problem occurs, I will be given the choice of another available animal.
- I understand the animal's medical treatment/sterilization will be performed as soon as possible; however, delays may occur due to unforeseen events. The sum of \$55.00 will be due before the animal is released to me. I will call (850) 892-8758 to confirm the post-operative release of my animal for a scheduled pick up. If the rightful owner comes to claim the animal prior to the time that I pay for and take possession of the above described animal, the Walton County Sheriff's Office Animal Shelter will relinquish the animal to said owner and all parties will be released from this contract.
- If I do not pick up the adopted animal when it is released to go home following surgery, I understand the animal will be offered for re-adoption after three (3) working days.
- I understand the Walton County Sheriff's Office Animal Shelter cannot make any promises or guarantees concerning the health, temperament, or condition of the animal. Many of the animals impounded have been medically neglected by their owners and may be suffering from common pet diseases. **The Walton County Sheriff's Office Animal Shelter strongly recommends taking the newly adopted pet to a veterinarian within ten (10) days of adoption for further examination, treatment, and medical recommendations and advice.** *Please give your veterinarian the medical sheet that is provided when you pick up your pet. The medical sheet contains important treatment and vaccination information that your pet has received from the Walton County Sheriff's Office Animal Shelter. The Walton County Sheriff's Office Animal Shelter will NOT treat the above described adopted pet for any illness.*
- I understand that refunds can be given if the animal becomes sick or aggressive. The sick or aggressive animal must be returned within seven (7) days of the animal being picked up by the adopter to obtain the refund.
- I understand that revenues for animals are reconciled and reported to the finance department daily and that in the event of a refund, it could be up to three (3) weeks for the refund check to be processed and mailed.
- I understand that if the animal I am adopting bites or scratches anyone in Walton County and the animal dies within ten (10) days of this exposure, I must not dispose of the body until I have contacted the Walton County Sheriff's Office Animal Control. The Walton County Sheriff's Office Animal Control may need to test the animal for rabies.

- I understand that if I am taking home a new pet, I should be sure that ALL pets at home are vaccinated against all pet diseases to prevent them from catching any diseases from my newly adopted pet.

Adopter Signature: _____

Adopter Full Name: (please print) _____

Witness Signature: _____

Witness Full Name (please print): _____

Date: _____

MEDICAL CONDITIONS

**I have been advised my pet has the following medical condition _____,
and I have been instructed on my options for treatment.**

Adopter Signature: _____

Adopter Full Name: (please print) _____

Witness Signature: _____

Witness Full Name: (please print) _____

Date: _____

FOR SHELTER USE ONLY

DO NOT WRITE ON THIS PAGE – THANK YOU

Adoption Status:

Approved Denied

Reason Denied:

Background Completed?

Yes No

Dog/Cat's Name: _____

Animal ID#: _____

Adoption Fee Amount: _____ Cash Check Credit Card

Check # _____

Approving Official Signature: _____

Approving Official Full Name: (please print) _____

Date: _____