



1 Oak Street
Crawfordville, FL. 32327
Phone: 850-926-0902
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www.mywakulla.com

ADOPTION QUESTIONNAIRE

Thank you for your interest in adopting an animal from Wakulla Animal Services. Please print or type your responses clearly as incomplete applications will not be considered.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Driver's License# _____

Occupation: _____

HOUSEHOLD INFORMATION

Circle one: House Apartment Townhouse Apartment

Circle one: Own Home Rent Home Length of Residence: _____

Do you plan on moving in the next 6 months? Yes No

Landlord Name: _____ Address _____ Phone: _____

Number of Adults in Home: _____ Number of Children _____ Children Ages _____

NEW PET INFORMATION

Do you have a fenced area? Yes No If yes, what type and height? _____

What type of outside shelter will be provided? _____

Wakulla Animal Services will not adopt to homes that will tether dogs outside or to owners who intend to declaw cats.

May we visit your home to verify this information? Yes No

Will you contact Wakulla Animal Services if you are unable to keep the animal? Yes No

PREVIOUS PET EXPERIENCE

List the name and age of current pets, and how long you have had the pets: If you do not have a vet reference then we need personal references.

1.) _____ Altered? Yes No How long? _____

2. .) _____ Altered? Yes No How long? _____

3.) _____ Altered? Yes No How long? _____

Family Veterinarian: _____ Phone: _____

May we contact your veterinarian as a reference? Yes No

PERSONAL REFERENCES: Name, address and telephone number.

1). _____ years known _____ 0

2) _____ years known _____

3) _____ years known _____

Are your pets current on vaccines? Yes No

Are your pets on heartworm prevention? Yes No

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

Applicant's Signature Date

Wakulla Animal Services is a separate and different organization from the former CHAT Adoption Center.

FOR OFFICE USE ONLY			
Verified through Tax Assessor's Website?	Yes	No	Issues? _____
Landlord Approved?	Yes	No	Special Requirements? _____
Application Status	Approved	Denied	Reason for Denial _____
WAS Staff Signature: _____	Date of Decision: _____		