



ADOPTION PREVIEW

Please complete this form and bring it to the front desk along with your picture identification-Please Print

Name _____ Date _____

PHOTO ID & STATE DRIVER LICENSE #: _____

What is the address where the pet will be living?

THE ABOVE ADDRESS IS A/AN: Apartment _____ Mobile Home _____ House _____

Do you: Own _____ Rent _____

Landlord Name (If applicable) _____ Phone # _____

It is suggested that you bring in a copy of your lease agreement at the time of adoption.

How many cats and dogs in your home? _____

What are their names? _____

Your E-Mail Address: _____

May we exchange this info with Hill's Science Diet for food to feed the animals in our shelter? YES ___ NO ___

Would you like to come to a FREE dog training class the first Saturday of next month? YES ___ NO ___

This application is used to make sure that each of our pets go to a long-term, loving home. Pinellas County Animal Services reserves the right to deny any adoption that may not be appropriate for the animal or potential adopter. Pinellas County Animal Services does not discriminate with regards to sex, color, race or gender. This paper becomes a government "public record" and must remain at Pinellas County Animal Services.

OFFICE USE ONLY

PCAS Associate _____

Animal Age _____ DOG or CAT Serial # _____ Breed _____

APPROVED _____ DENIED _____ Denials must have a documented comment listed below:

