



Getting To Know You Questionnaire

Thank you for visiting SPCA Florida. Our goal is to match the animals entrusted in our care with individuals and families who will provide permanent, loving, responsible homes, and whose lifestyles are best suited for the pet. To help us accomplish this, please complete the following thoroughly and truthfully. The more detailed information you provide the more likely will be able to locate and place a pet with you that fits your family's and the pet's needs.

Personal and Household Information:

Date: _____

Name (First and Last): _____

Home Phone Number: _____

Address: _____

Cell Phone Number: _____

City: _____ State: _____ Zip Code: _____

Work Phone Number: _____

Employer: _____

Position: _____

Driver's License Number: _____

Email Address: _____

Emergency Contact Name & Number (Outside the Household if possible) _____

How long have you lived at your current residence? _____ House _____ Apt. _____

How many adults live in the house? _____ How many Children live in the house? _____ Ages: _____

Tell us about the temperament of the children, (i.e. are they shy, rambunctious, easy going, etc...?) _____

Please list all the pets you currently have at home:

Name:	Type of Animal (species and breed)	Male or Female	Check if Spayed or Neutered	Medical Status	Temperament
				Age: [] Current on Vaccines [] Currrent on Heart Worm Preventative: Name: Medical Issues:	
				Age: [] Current on Vaccines [] Currrent on Heart Worm Preventative: Name: Medical Issues:	
				Age: [] Current on Vaccines [] Currrent on Heart Worm Preventative: Name: Medical Issues:	

Name of your current veterinarian or veterinary clinic: _____ City and State: _____

I verify that the above information is true to the best of my knowledge, and acknowledge that providing false information may result in nullifying this adoption. I understand the SPCA Florida reserves the right to deny any adoption for any reason. I understand if I elect to take my new pet to a private veterinary or emergency clinic for treatment, it will be entirely at my own expense. I certify that I am 18 years of age or older.

Signature

Date: _____



MEDIA RELEASE 2020

In order to increase awareness of our community programs and services, SPCA Florida requests permission to use any photography and video captured at today's event. This includes, but is not limited to: media pitches and SPCA Florida publications such as brochures, newsletters, display boards, website or other electronic media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

Please check one of the following:

_____ I am 18 years of age or older and have read this release before signing below. I fully understand the contents, meaning and impact of this release. I understand I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of _____. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name (please print): _____

Signature: _____ Date: _____