



3910 Old Canoe Creek Rd St Cloud FL 34769
407-742-8000

Cat Adoption Survey

First name _____ Last name _____

Address _____ Apt.# _____ City _____ State ___ Zip _____

Home Phone _____ - _____ - _____ Cell _____ - _____ - _____ Email _____

Adoptions must be paid for on the day of adoption by means of cash, local check, MasterCard, Visa or Discover cards.

1. Do you: ___own your home ___rent your home
2. I have lived with a cat/cats before: ___yes ___no
3. My house is: ___quiet ___noisy ___a little of both
4. I currently own: ___a cat or cats ___a dog or dogs ___number
5. I have children in my household: ___yes ___no
6. I am looking for a cat to be: ___an inside cat ___an outside cat
7. My cat needs to be able to adjust to new situations quickly: ___yes ___no (typical s 3-4 months)
8. I am financially capable and prepared to provide medical treatment when/if needed: ___yes ___no

Is there anything else we can tell you about the pet you're interested in? _____

How did you hear about us? ___shelter website ___friend/neighbor ___newspaper ad ___other_____

Adoption Medical Statement.

Please be advised that although we take steps to ensure the health of adopted pets, we cannot guarantee it. There are many variables that impact health, many of which we cannot control. Consequently, as the new pet owner, you are required to take your new pet to a veterinarian within seven days of adoption; sooner if the animal shows signs of illness. Please do not wait to seek veterinary care for your pet if he/she shows signs of illness.

By signing below you are acknowledging that you understand that Osceola County and Osceola County Animal Services cannot guarantee the good health of any adopted pet and are not responsible for paying for reimbursing any veterinary bills you incur with your newly adopted pet or pets already in your home.

Adopter/Owner Signature _____ Date _____

Note: After completion of the adoption application and full payment you will be given a "pick up" date and time. Your animal must be picked up within 24 hours of this date; failure to do so will void your adoption. In the event that a refund of adoption fees is granted for medical reasons or owner reclaim your original receipt is required.

OCAS Staff ONLY A ___ D ___ Explain _____

Animal id# _____ Staff Initials _____ Surgery ___/___/___