



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

### Meet and Greet Application

Thank you for considering the adoption of one of our amazing pets! In order to minimize the risk of disease to your pet(s) and the pets housed in the shelter, please understand the importance of ensuring that your pets are currently and fully vaccinated. It is the responsibility of all pet owners to ensure that their animals are up to date on all basic vaccines.

To participate with your animal and a shelter pet in a Meet and Greet, the following vaccinations are required:

- Dogs: Rabies, DHPP (distemper, canine hepatitis, parainfluenza, parvo) and bordatella
- Cats: Rabies, FVRCP (feline viral rhinotracheitis, panleukopenia)

Furthermore, please note that our pets come from varying backgrounds and, while we take precautions to keep our pets healthy and minimize the potential for disease, there is never any guarantee regarding health status. Many of the dogs and cats that we receive bring with them no vaccination history of any kind, so we are literally starting at square one in our efforts to offer only healthy pets for adoption. Consequently, we cannot guarantee that your pet will not be exposed to something while at our facility.

If your pet is healthy and well vaccinated, the risks of a shelter visit are minimal. Please understand that, should your pet become ill after a visit to our shelter, Animal Services is not responsible for payment or reimbursement for treatment at your veterinarian, and that we cannot treat your pet at our facility.

By initialing and signing, you indicate that you understand the potential risk, albeit minimal; that your pet is current on the vaccines listed and that neither the Osceola County nor Animal Services is any way responsible for any veterinary bills you may incur should your pet become ill after a shelter visit and that we cannot examine the animal for you.

\_\_\_\_\_ I confirm that my pet is current on all vaccines listed above

\_\_\_\_\_ I understand that, in case a disease is transmitted to my animal, I am fully responsible any treatment or other expenses associated with the treatment, including veterinary bills

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date