



1250 Indian Lake Rd.  
Daytona Beach, FL 32114  
386-248-1790 (Phone)  
386-323-3523 (Fax)

## VOLUSIA COUNTY ANIMAL SERVICES ADOPTION APPLICATION

**IN ORDER TO BE CONSIDERED AS AN ADOPTER TODAY, YOU MUST:**

\*Be 18 yrs of age or older. \*Have ID showing your present address.

\*Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.

**VCAS reserves the right to do home checks and refuse adoption to anyone.**

ANIMAL ID#: \_\_\_\_\_

Name (First, Middle Last) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_

How long at present address? \_Years\_\_\_\_\_ \_Months\_\_\_\_\_

Pet History: Please list all pets currently in your household and/or owned in the past ten years.

Name	Breed	Age	Sex S/N?	Inside/Outside	Where did you get pet?	Time owned?	Where is pet now?	Rabies Vacc. Current?

Name of current Veterinarian or Veterinarian Clinic? \_\_\_\_\_

Are you a: ☐ First time pet owner ☐ Owned pet(s) in the past, \_\_years ago ☐ currently own pet(s)

If you currently own pets, what is your pet's temperament/characteristic? \_\_\_\_\_

Are you interested in introducing your current pet(s) with adoption pet to ensure compatibility before adoption?

☐ Yes ☐ No, why? \_\_\_\_\_

By signing below, I understand and agree to the following terms and agreement

1. I understand that under Section 823.15, Florida Statutes, I am required to have the animal spayed or neutered.
2. I authorize the release of veterinarian information related to my current and past pets.
3. I understand veterinary and nutritional care may cost over \$2,000 annually and accept this responsibility.
4. I understand a pet can live up to 20 years and will be responsible to ensure my pets are cared for upon my death or incapacitation.
5. I will not hold Volusia County or the Volusia County Animal Services Division responsible for any present or future illness or condition of the animal or any damage which the animal may cause to any person or property.
6. If I am unable to properly care for the animal, the animal must be returned to Volusia County Animal Services Division (proper care includes routine immunizations, veterinary care, adequate food, water, and shelter at all times).
7. I give Volusia County Animal Services Division permission to inspect the premises under which the animal is kept. If an animal control officer deems those conditions unsuitable, I understand and agree the officer may remove the animal from my control without prior notice or my permission.
8. I understand that under Section 828.29, Florida Statutes, I will not sell, trade, or give the animal away without a proper health certificate signed by a licensed veterinarian.
9. I will not abandon the animal.
10. I will not hold Volusia County or Volusia County Animal Services Division responsible for the present or future cost of veterinary care provided to the animal.

**PLEASE READ AND SIGN BELOW**

I certify the above information is accurate and complete to the best of my knowledge. I understand that Volusia County Animal Services has the right to reclaim the animal if any given information is found to be false. Once adopted, financial responsibility of this animal rests on the new owner. This application is the property of VCAS.

X \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you very much for your application. Please return it by fax (386-323-3523) or e-mail (vcacc@volusia.org).**

\*\*\*\*\*For VCAS Use\*\*\*\*\*

**Date Contacted:** \_\_\_\_\_ **By:** \_\_\_\_\_ **Outcome:** \_\_\_\_\_  
VCAS Rep.

**Comments:** \_\_\_\_\_