

# Old Friends Senior Animal Rescue Network, Inc. (OFSARNOF)

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[www.floridaoldfriends.com](http://www.floridaoldfriends.com)

[239-851-6214](tel:239-851-6214)

Dunnellon, Florida

## OFSARNOF Adoption Application

**Please complete and return via email to the above email address.**

If the application is approved and the adopter has chosen a particular dog, then arrangements are made for an introduction. At that point, we provide a trial period for up to 10 (ten) days. This provides us and the adopter time to make sure the adoption will work out. Should there be a problem during the trial period and with our help they cannot be resolved, the pet is returned to us, the adoption fee is returned to the prospective adopter and the adoption contract is destroyed. Should the trial go well, the adoption will be finalized, and the adoption fee is nonrefundable. We will ALWAYS take back our pets if a problem arises. We ask a \$200.00 adoption donation to help us offset our expenses.

Name of pet interested in adopting: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Are there any children in your home? If yes, please list their ages.

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If you have indicated a preference, are you flexible? \_\_\_\_ Yes \_\_\_\_ No

**For dogs and cats:**

Which of the following are you NOT prepared to deal with (check all that apply):

\_\_\_\_ Mobility problems

\_\_\_\_ Blindness

\_\_\_\_ Deafness

\_\_\_\_ Medical issues requiring regular medication.

\_\_\_\_ Medical problems requiring regular shots.

\_\_\_\_ Incontinence.

\_\_\_\_ Other. If other, describe: \_\_\_\_\_

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Do you have stairs in your house or entrance/exit to yard? \_\_\_\_\_

Do you have a securely fenced yard? If yes, please describe height and size. Fences are not a requirement but do help us know which dogs might not be a good fit for you.

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How many hours a day will the pet be alone? \_\_\_\_\_

Where will the pet spend his/her days? Nights? Where will they be kept when you are not at home?

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Are there other animals in your home? Please list and describe (type, breed, age, gender, spayed/neutered?) \_\_\_\_\_

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**For livestock and poultry:**

How much acreage do you live on? \_\_\_\_\_

Describe your fencing: \_\_\_\_\_

\_\_\_\_\_

What type of livestock and how many of each do you have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a barn and/or other covered areas? Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many years' experience do you have keeping livestock and/or poultry: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For all potential adopters:**

List Veterinarians who you have used in the past three years? Please provide contact information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any questions or additional comments?

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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I have read and understand the questions and statements in this application. I certify that all the information contained in this application is true and correct and I understand the responsibilities I will undertake as an adopter. I understand that although OFSARNOF takes reasonable care to screen animals for adoption placement, it makes no guarantees relating to the animals' health, behavior, or actions. I understand that there exists a risk of injury or illness to my own or other animals, to me, my family and other persons who come into contact with any OFSARNOF animals, as well as risk of personal property loss or damage. I understand that I adopt these animals at my own risk and agree to return a pet at any time to OFSARNOF if the pet is not a fit for my household or has presented a danger to my household including any and all persons and animals. I acknowledge that OFSARNOF is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties from an adoption placement. I assume the risk of all injuries and/or property loss or damage in connection with my adopted pet. I assume liability to provide adequate controls to prevent such damage or injury. I indemnify and hold harmless OFSARNOF from any negligence caused by me.

I hereby release OFSARNOF, its officers, directors, participants, volunteers, and affiliates from any and all claims, actions, liabilities, damages and costs of any kind arising out of adopting any animals connected with OFSARNOF.

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

Signature (must be 18 or older)