Adopt-A-Kennel Program

Enrollment Form

Adopting Individual/Organization/Sponsor Information 1. Individual/Organization/Sponsor Name (Please Print):			
2. Name of Designated Representative (Please Print):			
Primary (Check One): Phone or Mobile Number: _			
Secondary (Check One): Phone or Mobile Number	···		
E-mail address:			
3 & Representative Address (Please Print):			
Street	City	Zip	
4. Name of Alternate Contact Person (Please Print):			
Primary (Check One): Phone or Mobile Number:			
Secondary (Check One): Phone or Mobile Number:			
Email address:			
5. Alternate Address (Please Print):			
Street	City	Zip	
Adopted Kennel Information:			
KENNEL #			
SPONSOR'S PLAQUE/SIGNAGE VERBIAGE:			
6. Please Initial the Following:	Please Print)		
I understand that this program's goal is to promote the adoption of the animal occupants of the Hernando County Animal Services Department.			
I understand that unforeseen circumstances could occur such as an outbreak of illness or other unplanned factors that may temporarily cease adoption operations. Staff will communicate any temporary interruptions as well as when normal operations can restart.			

I understand that animals' eligibility for this pro administrators of the department. Changes of an	
Should an animal's behavior become a potential considered a threat to the community, they may this program	-
7. Statement of Agreement I have read and agree to abide by the policies Hernando County Animal Services Departme Program. As the Adopting Organization's Des for informing all members of my organization this program.	nt regarding it's Adopt-A-Kennel signated Representative, I am responsible
Designated Representative Signature	Date
APPROVED FOR LEGAL FORM AND SUFFICIENCY:	
Kyle T. Benda	
County Attorney's Office	