FOR STAFF USE ONLY Description of pet applying for:		
Description of pet applying for.		
Breed waiting list? Yes	No	
Approved Denied	Staff initials/Date	
Pit Bull/ Chov	v Addendum	Date://
Please Note:		
• •	doption Application required to adopt a	•
	n Addendum you agree to the following	·
•	orior to animal placement	vol
3. Applicant must provide a	ckground Check prior to appro	vai
4. All Applicants must be a		
Applicant's Full Name: Firs	tMiddle_	Last
Physical Street Address:		Apt. #:
City:	State:	Zip:
Dr. License #:	Home phone:	Other phone:
Date of Birth:/	/Email Address	
(For Shelter use only—your information will rema	ain confidential)	
Please List Three Referen	<u>ces (non-related)</u>	
Veterinarian Reference:		
Street Address:		
	State:	Zip:
	Other phone:	
ersonal Reference:		Relationship
Street Address:		
	State:	
	Other phone:	
Personal Reference:		Relationship
Street Address:		
City:		Zip:
Home phone:	Other phone:	

ght	Wood	☐ Chain link	Other	
ve you ever owned a	Pit bull or Chow? If,	yes, do you still hav	ve it? If, No, what hap	pened to it?
•	•		nay result in nullifying th cation is approved, and	•
animals can be he	eld no longer than 24 h	ours.		
			- D (
Signature:			Date:	
Aggieland Hur			use adoption to anyo	
Staff Use Only Staf Background Check: Con	nplete	Date:		
				-
Background Check: Con Comments: Home Visit: Complete	Date):		_
Background Check: Con Comments: Home Visit: Complete Comments:	Date):		- -

File: Adoption Application