

FOR STAFF USE ONLY

____ Approved _____ Pending _____ Denied Breed
Waiting: _____



Dog/ Cat Adoption Application

Please Note:

1. A completely filled out and approved application is needed to adopt a pet.
2. Pets are adopted on a **FIRST COME FIRST SERVE** basis.
3. Pets must be picked up within 24 hours of Completed Adoption. Or the animal will be placed back up for adoption.
4. Adoption price includes spay or neuter, vaccinations, Strongid worming, heartworm testing for dogs, bordatella vaccination, a microchip, and a coupon for a free general physical.

Applicant's name: _____ **Date:** _____

Street Address: _____ Unit/Apt. #: _____

City: _____ State: _____ Zip: _____ County: _____

Dr. License #: _____ Home phone: _____ Other phone: _____

Email Address _____

Alternate Contact Information Name: _____ Relation to you? _____

Street _____ City _____ State _____ Zip _____

Phone numbers _____

If you are a student, please also give your permanent address:

Street: _____ City: _____

State: _____ Zip: _____ Phone: _____

Description of residence

Do you rent? _____ Do You Own? _____ Other? _____

- ____ House
- ____ Apartment
- ____ Mobile home
- ____ Duplex
- ____ Other: _____

Property owner's name: _____

Property owner's phone: _____

How long have you lived there? _____

Adults in household: _____ Ages of children: _____

Where will this pet be kept? _____ Inside _____ Kennel/run _____ Patio/balcony
_____ Fenced yard -- fence type & height: _____

If adopting an outside dog, do you have a dog house? Yes No

Reason for wanting this pet: _____

Where will this pet stay at night? _____

Where will pet stay when you travel? _____

Who will financially support this pet? _____ Myself _____ Spouse _____ Family _____ Friend _____ Parents

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Please list all cats/dogs/ferrets currently living at your address (owned by you or others living at address) & any you have owned in the last 2 years:

<u>Species</u>	<u>Name/Age</u>	<u>Sex</u>	<u>Neutered?</u>	<u>Rabies Vaccine</u>	<u>County Tag #</u>	<u>Still have? If not, why?</u>

Name, City, and Phone number of veterinarian with rabies vaccination records of animals living at your house:

- | | | |
|--|-----|----|
| Are all household members wanting this pet? | Yes | No |
| Are you at least 18 years old? | Yes | No |
| Have you applied to adopt from this shelter before today? | Yes | No |
| Will you have the pet examined by a veterinarian within 14 days? | Yes | No |
| Do you understand that this pet MUST be spayed or neutered?
<small>Texas Chapter 828 Health and Safety Code requires sterilization of this animal. Violation by adopter is a criminal offense punishable as a "Class C" misdemeanor.</small> | Yes | No |
| Will you have this pet vaccinated by a veterinarian annually against infectious diseases? | Yes | No |
| Do you know the causes and prevention of heartworms? | Yes | No |
| Will you maintain the dog/cat on heartworm preventative? | Yes | No |

Read and sign below:

I certify the above information is true, and false information may result in nullifying this adoption. I understand no animals can be held for me unless this application is approved, and adopted animals can be held no longer than 24 hours.

Signature: _____ Date: _____

Aggieland Humane Society reserves the right to refuse adoption to anyone.

FOR STAFF USE ONLY: Staff member approving: _____

Animal # _____ Description: _____

Residency Requirements/restrictions: Spoke with: _____

Weight Restrictions: _____ Age Requirements: _____

Breed Restrictions: _____

Deposit: _____ Fee: _____ Refundable? Yes No Per Pet? Yes No

Number Pets/Unit: _____ Monthly Pet Rent: _____

Deposit Required before Adoption? Yes No

County Tag Purchase required: Yes No PrePaid Rabies Voucher Required: Yes No

Appeal Letter: _____

Additional Comments: