

FOR STAFF USE ONLY Card #: _____

Description of pet applying for: _____

Breed waiting list? ___ Yes ___ No

___ Approved ___ Denied _____ Staff initials/Date

Pit Bull/ Chow Addendum

Date: ___/___/___

Please Note:

1. An **approved** General Adoption Application required to adopt a pet.
2. Completing this Adoption Addendum you agree to the following.
-Home visit prior to animal placement
-Criminal Background Check prior to approval
3. Applicant must provide a copy of Driver's License.
4. All Applicants must be approved my management.

Applicant's Full Name: First _____ Middle _____ 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 remain confidential)

Please List Three References (non-related)

Veterinarian Reference: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Clinic phone: _____ Other phone: _____

Personal Reference: _____ Relationship _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Other phone: _____

Personal Reference: _____ Relationship _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Other phone: _____

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Please Describe your fence:

Height _____ Wood Chain link Other _____

Have you ever owned a Pit bull or Chow? If, yes, do you still have it? If, No, what happened to it?

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.***

Print name: _____

Signature: _____ Date: _____

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

Staff Use Only Staff, please initial and date each item when completed.

Background Check: Complete _____ Date: _____
Comments: _____

Home Visit: Complete _____ Date: _____
Comments: _____

Manager: _____ Date: _____

Approved or Denied (circle one)
Comments: _____