



**FOR STAFF USE ONLY**

Approved  Pending  Denied  PPRV  County Tags

\_\_\_\_\_

\_\_\_\_\_

**Dog/ Cat Adoption Application** Date of Application (MM/DD/YYYY): \_\_\_\_\_

**Please Note:**

1. An approved application is needed to place adopt a pet or place a hold on 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/neuter, first round of vaccinations, heartworm testing for dogs, a microchip, and a coupon for a free general physical at a participating local vet.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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 Property owner's name: \_\_\_\_\_

Apartment Property owner's phone: \_\_\_\_\_

Mobile home How long have you lived there? \_\_\_\_\_

Duplex # Adults in household: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Other: \_\_\_\_\_

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

**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? Yes No
- 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.
- 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: \_\_\_\_\_