



Date of Application / /

Dog/ Cat Adoption Application

Please Note:

An approved application is required to adopt pet. Applications are accepted on a first come first serve basis. The information below will also be used for your pet's microchip registration and adoption processing.

First Name: _____ Middle Initial: _____ Last Name: _____

Current Address: _____ Unit/Apt. #: _____

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

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

Email Address _____

Alternate Contact Information Name: _____ Relation to you: _____

Current Address: _____ Unit/Apt. #: _____

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

Phone numbers _____

Alternate Contact Information Name: _____ Relation to you: _____

Phone numbers _____

Description of current residence

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

Do you rent? _____ Do you own? _____ Other? _____

How long have you lived there? _____

Adults in household: _____ Ages of children: _____

Have you spoken to the property owner about the potential of adding a new pet to the property? YES NO

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? _____

What if you must move or relocate? _____

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):

<u>Species</u>	<u>Name/Age</u>	<u>Sex</u>	<u>Spay/neutered?</u>	<u>Rabies Vaccine date</u>	<u>County Tag #</u>

Veterinarian Contact Information for 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 |
| <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> | | |
| 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 |

Applicant Read and sign below:

I certify the above information is true, and false information may result in nullifying my application. Aggieland Humane Society reserves the right to refuse adoption to any applicant.

Signature: _____ Date: _____

FOR STAFF USE ONLY: Staff member(s) approving: _____

_____ Approved _____ Pending _____ Denied _____ PPRV _____ County Tags

Interested in Animal # _____ Description: _____

Additional Notes: _____
