



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 <b>MUST</b> 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 |

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: \_\_\_\_\_

**FOR ADOPTION PROCESSING** (Staff Initial \_\_\_\_\_)

Consent to Release Information Yes No

Animal ID#: \_\_\_\_\_

Animal Name: \_\_\_\_\_

Microchip Number \_\_\_\_\_

County / Rabies Tag Number \_\_\_\_\_