

FOR STAFF USE ONLY Card #: _____

Description of pet applying for: _____

Breed waiting list? Yes No

Approved Denied _____ Staff initials/Date



Pet Adoption Application

Date: ___/___/___

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. **Adopters must come to the shelter within 24 hrs of adoption finalization** (when pet can leave building) to get the pet **or someone else may adopt it**.
4. Adoption price includes spay or neuter, vaccinations, Strongid worming, heartworm testing for dogs, bordatella vaccination, an AVID microchip, and a coupon for a free general physical.

Applicant's name: _____

Local Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

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

Email Address _____ (For Shelter use only—your information will remain confidential)

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

House

Apartment

Mobile home

Duplex

Do you rent? Own?

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

Continued on back of page!



Please list all cats/dogs currently living at your address, & any you have owned in the last 3 years:

<u>Species</u>	<u>Name/age</u>	<u>Sex</u>	<u>Neutered</u>	<u>Rabies Vaccinated</u>	<u>Still have? If not, what happened to it?</u>
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____

Name, City and Phone number of veterinarian with medical history 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 10 days?
(Required in order to be covered by the 2 week health guarantee, and adoption packet includes a coupon for a free physical at a local vet.) | Yes | No |
| Do you understand that this pet MUST be spayed or neutered? | 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 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: _____

Staff initials/comments: _____

The Brazos Animal Shelter reserves the right to refuse adoption to anyone.