

APPLICATION FOR ADOPTION DOG OR PUPPY

PLEASE ALLOW AT LEAST ONE HOUR FOR THE ADOPTION PROCESS TO BE COMPLETED.

Texas Litter Control is pleased that you have decided to apply for adoption of a dog or puppy from us. Every animal adopted from Texas Litter Control has been spayed or neutered, as required by Texas State Law.

To be considered for adoption, you must meet the following requirements:

- Be at least 23 years of age
- Have photo identification showing your present address
- Have the knowledge and consent of all adults living in the household
- Be able and willing to spend the time and money necessary to provide the training, medical treatment, and proper care of the pet
- Have the funds to pay the adoption fee

Texas Litter Control Policies:

- No dogs or puppies will be adopted to families with young children unless we meet the child/children to see how they interact with the pet
- Texas Litter Control representatives will call periodically about the health and well being of the dog
- No large dogs (or puppies that will be) are adopted to live in apartments

PLEASE COMPLETE THE FOLLOWING:

How did you hear about Texas Litter Control?

- Walk-in Friend Petfinder Texas Litter Control Volunteer Other

First Name: _____ Last Name: _____ Age: _____

Spouse/ Roommate's Name: _____ Age: _____

Street Address: _____ Apartment No: _____

City: _____ State: _____ Zip: _____ Subdivision: _____

Employer: _____ Occupation: _____

Spouse/ RM Employer: _____ Spouse/ RM Occupation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Name or description of dog/puppy desired: _____

Case Number: _____ What characteristics are you looking for in a dog or puppy? _____

Do you live in: (check one)

House Apartment Mobile Home Condo/Townhome

Other (describe) _____

Do you: (check one) Own Rent/Lease

If rent/lease, name of Landlord/Complex: _____

Phone number of Landlord/Complex: _____

Amount of deposit required: _____ Have you paid the deposit yet? Yes No

If not, when do you intend to pay it? _____

Are you planning on moving soon? Yes No

If you do move, what would you do with your pets? _____

What would you do if you need to move to a place that does not allow pets? _____

Why did you decide to adopt a dog? _____

Do you want a dog for? (check all appropriate lines)

- House pet Family Pet Company for other pet
- Gift Guard or watch dog Companion for elderly family member
- Outside dog Child's pet
- Other _____

Where will this dog spend most of its time? Inside Outside If outside, how many hours per day? _____

Where will the dog stay during the day? _____

Where will the dog stay at night? _____

Where will the dog stay when you are away from home or on vacation? _____

Do you have a yard? Yes No If you have a yard, is it: Unfenced Partially fenced Completely fenced

What type of fencing is used? _____ Height of fence: _____

How will you keep this dog confined? (Mark all that apply)

- Chain Garage Patio Leash
- Crate Other _____

How many hours a day will the dog/puppy be alone? _____

Where and how will you exercise this dog? _____

How will you transport this dog? _____

Do you plan to take this dog to obedience class? Yes No

If yes, what kind? _____

How does everyone in the household feel about owning a dog/puppy? _____

How many adults live in your household? _____ Children? _____

Please list the ages of all children in the household: _____

Have you discussed with your children the proper handling and care of handling a dog or puppy? Yes No
Are your children aware that they should not tease a dog or interfere with a dog while it is eating or chewing a bone or toy? Yes No

Do you use a babysitter? Yes No Have you discussed how they feel about dogs? Yes No

How long do you think it should take for this dog/puppy to adjust to your home? _____

Are you familiar with local regulations regarding licensing and leashing of your pets? Yes No

Are you aware of the penalties and fines if your dog bites someone? Yes No

How much do you anticipate spending yearly for food, toys, medical care, grooming and other expenses for this pet?

\$100 \$200 \$300 \$400 \$500 or more

If the pet becomes seriously ill or injured and needs extensive veterinary care, what would you do?

What do you consider valid reasons for giving up a dog? (Check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Moving | <input type="checkbox"/> Fleas | <input type="checkbox"/> Digging | <input type="checkbox"/> Unable to housebreak |
| <input type="checkbox"/> Biting | <input type="checkbox"/> Having a baby | <input type="checkbox"/> Lost Job | <input type="checkbox"/> Not good with children |
| <input type="checkbox"/> Chewing | <input type="checkbox"/> Barking | <input type="checkbox"/> Grew too large | <input type="checkbox"/> Destructive Behavior |
| <input type="checkbox"/> Other (please describe): _____ | | | |

What would you do if the pet exhibits destructive behavior? _____

If the dog were lost, what would you do? _____

If you could no longer care for this pet, what would you do? _____

What brand(s) of food do you intend to use?

Dry Brand _____ Wet Brand _____

How do you plan to prevent heartworms? _____

Are you familiar with:

- | | | | | | |
|------------|--|-----------|--|------------|--|
| Parvovirus | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distemper | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bordatella | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rabies | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parasites | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Do you have a regular veterinarian? Yes No

If so, name and phone number of vet clinic: _____

Please initial to authorize permission to request information from your veterinarian: _____

How often do you think a dog should see a veterinarian? _____

PLEASE LIST ALL ANIMALS CURRENTLY OWNED:

Breed/ Description	Neutered (Yes/No)	Sex (M/F)	Last Date of Vet Visit	Age	Where Kept

PLEASE LIST ALL ANIMALS PREVIOUSLY OWNED:

Breed/ Description	Neutered (Yes/No)	What happened to this pet?	Age	Where Kept

I certify that the above information is true and understand that any false information may result in denial of this application. This application is the property of Texas Litter Control. Texas Litter Control reserves the right to decline any adoption.

Signature: _____ Date: _____
 Signature: _____ Date: _____

Adoption Staff Only

First Interview by: _____ Second Interview by: _____

Approved Declined

Comments: _____

Pet Deposit Payment Verification

Date: _____ Time: _____ Performed By: _____

Phone Number: _____ Person Spoke With: _____ Title: _____

Home Inspection

Home Inspection Date: _____ Performed By: _____

Type of Property: Home Mobile Home Apartment

Is the property fenced? Yes No Does the adopter own a crate? Yes No

What type of fencing is used? _____

List topics and issues discussed during visit: _____