



ADOPTION APPLICATION

Animal's Name: _____ Approximate Age: _____ Breed: _____*

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Phone #1: _____ Phone #2: _____

Email: _____

DL# _____ (must show copy)

Upon approval of application, it is required that the pet deposit be paid prior to the pet being released into your care.

Do you live in a House Apartment Condo Mobile Home Duplex Other
If other, please explain: _____

Do you own? rent? If you rent, you must provide name AND phone number of your landlord: _____

Does your landlord allow pets? Yes No Is a pet deposit required? Yes No
Amount: _____

Number of people in your household:

Adults: _____ Children: _____ Ages of children: _____

If no children, do any children, grandchildren, etc. visit your home frequently? Yes No

Does anyone living in your household have allergies to dogs/cats? Dogs Cats No

Does anyone living in your household have asthma? Yes No

Are you willing to let a representative of APAC visit your home by appointment? Yes No

If no, why not? _____

Who will support this pet financially? Myself Spouse Other

If other, please explain: _____

Where will this pet live? Fenced Yard Tied outside Loose outside Garage
 Kennel/Run Patio/Balcony Inside home Other: _____

This pet will be kept? Mostly Inside Mostly Outside Totally Inside
 Totally outside with shelter As it prefers

Does your house have: Pool? Doggy Door? Fenced Yard?

Fence Type? _____ Height: _____

** Please note: The age and breed of this animal is APAC's best estimate with input from Veterinarians, and Shelter.*

Where will the pet be kept at night? _____

Where will you keep this pet when you're not home? _____

On average, how many hours a day will the pet be alone? _____

If you do not have a fence, how will you handle this dog's exercise and bathroom duties?

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

- Moving Vet Bills Fleas Destructive
 Chewing Digging Barking Grew too big
 Unable to house train Litter Box Problems
 Too rough w/kids Having a Baby

How long do you expect to keep this pet? _____

If you had to move or lost your job, what would you do with this pet?

What qualities are you looking for in a pet that you would like to adopt? (Be specific, active vs. couch potato, etc. so we can help make the best match possible.) _____

Have you had experience with obedience problems? _____

If the pet disobeys, how do you plan to reprimand or correct him/her? _____

Do you have any limitations or concerns as to what you would be willing to do to help your pet overcome potential behavior issues? _____

Dogs often live in excess of 10 years. Are you prepared to assume responsibility for this long?

Pet Ownership History

Have you ever had to give up a pet? Yes No If so, why and to whom? _____

Are all of the pets in your household current on vaccinations? Yes No N/A

Are all cats in your household tested for Feline Leukemia/FIV? Yes No N/A

Are all dogs in your household on heartworm prevention? Yes No N/A

What kind of heartworm prevention do you use? _____

What is the date of last heartworm prevention given? _____

Flea & Tick prevention used in your home? Yes No Brand? _____

Have any pets in your household been diagnosed with infectious diseases or conditions? _____

Heartworms: Yes No

Distemper: Yes No

Parvovirus: Yes No

Please list all pets currently living at your address:

Species	Name/Breed	Age	Sex	Years owned	Spay/Neuter? Y/N

List any pets you have owned in the last 5 years that are no longer with you.

Species	Name/Breed	Age	Sex	Years owned	Spay/Neuter? Y/N

What happened to the pets above that are no longer with you? Please explain:

Name	Reason

Do you currently have a veterinarian? Yes No If not, who are you planning to use?

Vet's Name:
Address:
Phone:

Please describe the extent of care that you are willing to provide, should your pet have special medical needs now or later in life: _____

When/why was your last vet visit? _____

Release for Veterinary Reference:
I, _____, hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals to APAC including the pet I'm adopting at this time. This release is for follow-up purposes in the case of existing conditions or simply well check and heartworm prevention status.
<i>Signature:</i> _____

The animals in APAC's foster care are not merchandise. They are living beings entrusted to our care. It is our responsibility to find the best possible homes for them to meet the individual needs of each animal. Therefore, we have the right to approve or deny any adoption as we see fit.

Adoption Agreement:

I/We are adopting the Dog described in the attached Application from APAC and take responsibility for this animal.

This animal is Fully Vetted at this time (Parvo, Distemper, Rabies), is spayed or neutered, and has been Heartworm tested if older than 7mo. HW Test result: _____

This animal is still a Puppy and although it has age-applicable vetting, additional vetting is required per attached agreement. Adoption is effective only with this signed agreement and I/we agree to do this required follow up as scheduled in order to completely close this adoption.

Should the need arise, I will return the animal to APAC only.

I/we certify that the above information is true and correct. I/we understand that false information may result in nullifying this adoption. I agree to discuss the dog I am interested in adopting with the foster family and ask questions to help ensure the dog is a good fit for my home. While foster families strive to provide all the information available on the foster dog being adopted, I understand that the dog may behave differently during the adjustment period in my home. I understand animals can be unpredictable in various situations and will not hold APAC or any representatives responsible for injuries or damages caused by the dog I am adopting.

Your signature

Date

Signature of spouse/roommate

Date

Signature of Adoption/Foster Representative

Printed Name of Foster

Please return this application to APAC via:
Mail: **APAC, 3809 S General Bruce Dr, STE 103-8251, Temple, TX 76502;**
Email: myhappytail@yahoo.com

For questions please contact us at **(254) 541-1461** or myhappytail@yahoo.com
or contact us on [Facebook.com/groups/APACTempleTX/](https://www.facebook.com/groups/APACTempleTX/)