



## 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? \_\_\_\_\_

<b>Release for Veterinary Reference:</b>
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](mailto:myhappytail@yahoo.com)

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