

# Adoption Application

HCPHES Veterinary Public Health  
612 Canino Rd. Houston, TX 77076  
281-999-3191

We are glad you have come to adopt a new pet from our shelter. The following information is requested so that your adoption counselor can assist you in the selection of a new pet. The consultation process is designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal most compatible with your lifestyle.

**COST:** DOGS/PUPPIES \$80      CATS/KITTENS \$70      Over 55 yrs \$65

WE ACCEPT CASH & ALL MAJOR CREDIT CARDS \*\*\*\* WE DO NOT ACCEPT CHECKS

ADOPTIONS HOURS:      Monday – Friday      1:00pm until 5:30pm  
Saturday      11:00am until 3:30pm

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ Date of birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Apt# \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ DAYTIME PHONE: (\_\_\_\_) \_\_\_\_\_ work pager cell

TDL#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

How did you hear about our shelter? \_\_\_\_\_

CIRCLE WHAT BEST DESCRIBES THE PET YOU WANT:

**TYPE:** Puppy Dog Kitten Cat      **SIZE:** Small Medium Large      **HAIR:** Short Long

**PERSONALITY:** Energetic/Active Lap Dog Laid Back Other \_\_\_\_\_      **BREED PREFERENCE** \_\_\_\_\_

IF YOU ARE INTERESTED IN ADOPTING A CAT/KITTEN:

Where will your cat be kept? DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

Do you intend to let your cat go outside? \_\_\_\_\_ Do you intend to declaw your cat? \_\_\_\_\_

IF YOU ARE INTERESTED IN ADOPTING A DOG/PUPPY:

Where will your dog be kept? DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

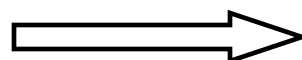
Will your dog have access to a yard? YES NO      Is it FENCED? YES NO

If FENCED, whattype/height? \_\_\_\_\_

Will you use a leash when exercising your dog? \_\_\_\_\_ Are you familiar with Heartworm Disease? YES NO

**Please circle any of the following reasons for adopting a pet:** Watchdog Companion Child's Pet Barn Cat  
Mouser Hunting Family Pet Guard Dog for Business Companion for other pet Other (specify) \_\_\_\_\_

Please see other side



Do you own any pets at this time? Yes No (If yes, please list information below)

Name	Breed/Species	Age	Spayed or Neutered
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have no pets at this time, but have owned pets in the past 2 years, what happened to them?

\_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_

Do you currently live in a house \_\_\_\_\_, apartment/town house \_\_\_\_\_, condo \_\_\_\_\_ or mobile home \_\_\_\_\_?

Do you own \_\_\_\_\_ or rent? \_\_\_\_\_

If you rent, what is your landlord's name? \_\_\_\_\_ Phone # \_\_\_\_\_

How many people live in your household? Adults \_\_\_\_\_ Children & ages \_\_\_\_\_

***By signing this adoption application, you agree to have your new pet examined by a veterinarian within 72 hours of adoption and to follow the rules and regulations set forth by the Harris County Commissioner's Court. Because we have no information on the medical history of our animals, we offer a 2 week health guarantee. If your new pet should become ill or die within 2 weeks of adoption, you can return the animal to us and take up to 6 months to find a replacement.***

***Sorry, but we are unable to give refunds or reimburse any expenses incurred as a result of this adoption.***

***If you choose a pet to adopt, would you like to have him or her microchipped for an additional \$20? Yes No***

***Adopter's signature:*** \_\_\_\_\_

### STAFF USE ONLY

Adoption counselor: \_\_\_\_\_ APPROVED DENIED PENDING

If denied or pending, WHY? \_\_\_\_\_

Does landlord allow pets? \_\_\_\_\_ Size limit? \_\_\_\_\_ Approved? \_\_\_\_\_

Animal on hold:

AID#: \_\_\_\_\_ TENTATIVE SURGERY DATE: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_