

ADOPTION APPLICATION

TAYLOR ANIMAL SHELTER

600 E. 4TH, TAYLOR, TEXAS 76574
512-352-5483

TAYLOR ANIMAL CONTROL OFFICER

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512-748-5427

Pet ownership is a serious commitment that the entire household needs to consider and agree to before the animal is adopted. We want to ensure that each adoptive household is aware of, and willing and able to accept, the physical and financial responsibilities of pet ownership. Not everyone who desires to own a pet is ready to properly care for one. This questionnaire will assist both you and us in determining if your household is prepared to assume the role of responsible caretaker for a rescued animal. Thank you for filling it out!

Are you 21 years of age or older? Yes No (proof may be requested)

Why are you considering adopting a dog/cat? Hunting Companionship Breeding Protection

Where would the animal be primarily housed? Inside Outside Equally Inside/Outside

Where would the animal stay when you are not home? Loose Inside Crated or otherwise confined inside Loose Outside Kennel run/Fenced area outside Tied/Chained Outside
 Other (describe) _____

Animals can be expensive to care for (estimated average annual cost is \$750.00 for one dog). Are you willing and able to provide adequate food, shelter and medical care, including yearly checkups and vaccinations, for an adopted animal? Yes No

Adopter's Name: _____

Other Adult(s) at Residence: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Numbers: Home _____ Work _____

Number of children living in the house: _____ Ages of children: _____ Do they live with you full time? Yes No

Does anyone in your household have allergies to animals? Yes No If yes, to what kinds of animals?

Does your entire household know that you are considering adopting a pet? Yes No If no, why not?

Do you live in a House Apartment Mobile Home Townhouse Other _____

Do you own your home? Yes No If you rent, you MUST provide proof of permission to have a dog on the premises. If renting, landlord's name and telephone number: _____

Describe your yard: Fenced Kennel Run No Fence Other _____

If fenced, what is the height and approximate size of the fenced in area? Height: _____ Size: _____

If fenced, are the gates always securely latched and/or locked? Yes No

If the animal is outside other than for supervised activities, describe what shelter would be available for it: Shed Doghouse Covered Area (Porch, etc.) Shade Trees
 Other (explain) _____

Describe your home's activity level: **Busy** - active/noisy **Moderate** - comings/goings or
 Quiet - occasional guests

Do you feel that a pet should be spayed/neutered? Yes No If no, why not? _____

Approximately how many hours each day would the animal be left alone? _____

Please list all animal that you presently own (other than fish, rodents and reptiles):

Type of Animal	Breed	Time Owned	Age	Gender	Spayed or Neutered	Vaccinations Current	Are they on Heartworm pills?

Who is responsible for the daily care of the above listed animals? _____

Who is responsible for them when you are on vacation? _____

How many pets have you owned in the past? _____

Individuals who adopt a Taylor Shelter dog or cat are contacted periodically for an update to help ensure that the animal successfully adjusts to its new life. If you adopt a dog or cat, do you consent to home visits before and/or after the adoption? Yes No

What is the best time to call you at home to check on how the adopted animal is adjusting?
 _____ AM PM

Signature: _____ Date: _____

Reviewed By: _____ Date: _____

**CITY OF TAYLOR ANIMAL CONTROL
STERILIZATION AGREEMENT**

Texas State Law – As set forth in the Texas Health and Safety Code, Chapter 826, Titled “Rabies”, and Chapter 828, Titled “Dog and Cat Sterilization”.

§ 828.002. REQUIREMENTS FOR ADOPTION.

Except as provided by Section 828.013, a releasing agency may not release a dog or cat for adoption unless the animal has been sterilized or the release is made to a new owner who signs an agreement to have the animal sterilized.

§ 828.013. EXEMPTIONS

This chapter does not apply to:

- 1) A dog or cat that is claimed from a releasing agency by a person who already owns the animal;
- 2) A releasing agency located in a municipality that has in effect an ordinance providing standards for dog and cat sterilization that exceed the requirements provided by this chapter;...

§ 826.021. VACCINATION OF DOGS AND CATS REQUIRED

- a) Except as otherwise provided by board rule, the owner of a dog or cat shall have the animal vaccinated against rabies by the time the animal is four months of age and at regular intervals thereafter as prescribed by board rule.
- b) A veterinarian who vaccinates a dog or cat against rabies shall issue to the animal's owner a vaccination certificate in a form that meets the minimum standards approved by the board.
- c) A county or municipality may not register or license an animal that has not been vaccinated in accordance with this section.

VIOLATION OF THESE CHAPTERS IS A CRIMINAL OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR.

The City of Taylor does require all animals adopted from this organization to be spayed or neutered (sterilized). The City of Taylor further requires any animal adopted by this facility to be sterilized within 30 days of the animal turning 16 weeks of age if an infant, or within 30 days of adoption, if an adult, providing the animal is not/cannot be sterilized before the adoption is completed.

I have read and understand the foregoing paragraphs and agree to have the animal described below sterilized in accordance with Texas State Law. I understand that if I do not get said animal sterilized I will be in violation of State Law and could be charged with a criminal offense as prescribed by State Law.

Date: _____ TX DL# (Or Photo ID #): _____

Signature: _____

Print Name: _____

Address: _____

Species: _____ Breed: _____

Description: _____

Witnessed by
ACO/Volunteer: _____

Date: _____

**City of Taylor
Animal Shelter
Adoption References**

To ensure the safety and well being of our animals list the needed references below. Please allow 24-48 hours for the application to be processed.

Veterinarian Information

Veterinarian Clinic: _____ Phone: _____

DVM Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Personal References (Please do not list family members, list up to 2)

Name: _____ Home #: _____

Work#: _____ Cell#: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Relationship: _____

Name: _____ Home #: _____

Work#: _____ Cell#: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Relationship: _____

References Continued

Name: _____ Home #: _____

Work#: _____ Cell#: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Relationship: _____

Name: _____ Home #: _____

Work#: _____ Cell#: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Relationship: _____

Name: _____ Home #: _____

Work#: _____ Cell#: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Relationship: _____

References checked and completed by ACO/Volunteer: _____ Date: _____