

**ADOPTION APPLICATION**  
**CITY OF TAYLOR ANIMAL SHELTER**

701 E. 4<sup>th</sup> Street, TAYLOR, TEXAS 76574  
512-352-5483 animalshelter@taylortx.gov

Adopt Date: \_\_\_\_\_

Animal Name: \_\_\_\_\_

Animal ID #: \_\_\_\_\_

OFFICE USE ONLY

Pet ownership is a serious commitment that the entire household needs to consider and agree to before the animal is adopted. The City of Taylor Animal Shelter ("Shelter") wants 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. By completing this questionnaire, you will aid us in determining if your household is prepared to assume the role of responsible caretaker for a rescued animal. The Shelter has the right to deny adoption of any animal to anyone for any reason. Thank you!

Does your entire household know that you are considering adopting a pet? ☐ Yes ☐ No

If no, why not? \_\_\_\_\_

Do you feel that a pet should be spayed/neutered? ☐ Yes ☐ No

If no, why not? \_\_\_\_\_

**Household Member Information (PLEASE PRINT CLEARLY)**

Are you 18 years of age or older? ☐ Yes ☐ No      Picture ID is required for adoption

Adopter's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Address in Taylor City Limits? ☐ Yes ☐ No

City/State/Zip: \_\_\_\_\_

Telephone Numbers    Main #: \_\_\_\_\_    Alternate #: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Other Adult(s) at Residence: \_\_\_\_\_

Number of children (under 18) living in the house full time: \_\_\_\_\_ Ages: \_\_\_\_\_

Does anyone in your household have asthma, breathing difficulties, or allergies to animals? ☐ Yes ☐ No

If the animal becomes ill or injured, are you financially prepared to provide the medical care? ☐ Yes ☐ No

**Your Home**

Do you live in a ☐ House ☐ Apartment ☐ Mobile Home ☐ Townhouse ☐ Other \_\_\_\_\_

Do you own or rent? ☐ Own ☐ Rent      Live with parents? ☐ Yes ☐ No ☐ N/A

If you rent, you MUST provide proof of permission to have an animal on the premises (i.e., lease, letter from LL)

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Describe your yard: ☐ Fenced ☐ Kennel Run ☐ No Fence ☐ Open Acreage ☐ No Yard

Describe your home's activity level: ☐ Active ☐ Noisy ☐ Quiet ☐ Average

**References (Please list someone who is familiar with both you and your pets)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Animal Name

Last, First

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**Your Current Animals**

Do you currently have any other animals at your residence? ☐ Yes ☐ No (If No, skip to next applicable section)

Current/Last Vet Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Animals currently in your household:

**DOGS**

# of Males

# of Females

**CATS**

# of Males

# of Females

Are all animals in household: Spayed/Neutered? ☐ Yes ☐ No Vaccinated? ☐ Yes ☐ No

If No, why not? \_\_\_\_\_

**Your New Dog** (N/A for cat adoption)

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

If you have a fenced yard: What is the fence height? ☐ ≤ 6ft ☐ > 6ft

Type of fence: ☐ Privacy ☐ Chain Link ☐ Other \_\_\_\_\_

Are the gates always securely latched and/or locked? ☐ Yes ☐ No

\_\_\_\_\_ (initial) I understand that a Shelter employee may visit my property to ensure fence is enclosed and big enough for the size dog.

How much time will the dog spend inside versus outside? Inside / Outside \_\_\_\_\_ % / \_\_\_\_\_ %

Where would the dog be primarily housed?

☐ Crated or otherwise confined inside ☐ Kennel run/fenced area outside ☐ Tied/chained outside

If the dog is outside other than for supervised activities, describe what shelter would be available for it:

☐ Doghouse ☐ Covered Area (i.e., Porch) ☐ Shade Trees ☐ Garage/Shed ☐ Other

How do you plan to handle the dog's exercise needs? \_\_\_\_\_

**Your New Cat** (N/A for dog adoption)

How much time will the cat spend inside versus outside? Inside / Outside \_\_\_\_\_ % / \_\_\_\_\_ %

Do you feel that a cat should be declawed? ☐ Yes ☐ No

**Adopter Contract Confirmation**

Completion of this application does not guarantee adoption of a pet from the Shelter. Individuals who adopt animals from the Shelter agree to be contacted periodically for an update to help ensure that the animal successfully adjusts to its new life.

All the information I have provided in this application is true and correct. If any of the information changes, I will advise the Shelter promptly.

Adopter Signature: \_\_\_\_\_

Date application completed: \_\_\_\_\_

OFFICE USE ONLY:

Reviewed by (initials): \_\_\_\_\_ Home Stay: ☐ Yes ☐ No Animal ID #: \_\_\_\_\_