

ADOPTION APPLICATION
CITY OF TAYLOR ANIMAL SHELTER
701 E. 4th 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	<input type="text"/>	# of Females	<input type="text"/>
CATS	# of Males	<input type="text"/>	# of Females	<input type="text"/>

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 #: _____