

ADOPTION APPLICATION
CITY OF TAYLOR ANIMAL SHELTER

701 E. 4TH, TAYLOR, TEXAS 76574

512-352-5483

SANDY PERIO – ACO SUPERVISOR

3-Day Visit: Yes No

Adopt Date: _____

Animal Name: _____

Animal ID #: _____

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 (COTAS) 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. 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)

Are you 21 years of age or older? Yes No Picture ID is required for adoption

Adopter's Name: _____ Address in Taylor city limits? Yes No

Street Address: _____

City/State/Zip _____

Telephone Numbers Main #: _____ Alternate #: _____

Email: _____

Other Adult(s) at Residence: _____

Number of children living in the house: _____ Ages: _____ Live there full time? Yes No

Your Home

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 an animal on the premises.

Landlord Name: _____ Landlord Phone: _____

Describe your yard: Fenced Kennel Run No Fence

Does anyone in your household have allergies to animals? Yes No

If yes, to what kinds of animals? _____

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

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

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

Your Current Animals

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

Who is responsible for the daily care of your currently owned animals? _____

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

Veterinarian Name: _____ Phone: _____

What name is your vet record(s) listed under: _____

Animal Name

Last, First

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Animal ID # _____

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

| Type (i.e., dog) | Breed (e.g., Boxer, Persian) | Time Owned | Age | Sex | | Vaccinations Current? | | Heartworm | |
|---------------------|---------------------------------|---------------|-----|--|--|---|---|--|------------------------------|
| | | | | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Pos <input type="checkbox"/> Neg | <input type="checkbox"/> Neg |
| | | | | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Pos <input type="checkbox"/> Neg | <input type="checkbox"/> Neg |
| | | | | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Pos <input type="checkbox"/> Neg | <input type="checkbox"/> Neg |
| | | | | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Pos <input type="checkbox"/> Neg | <input type="checkbox"/> Neg |

If Heartworm positive, is the animal being treated? Yes No

Your New Dog (N/A for cat adoption)

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

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

Where would the dog stay when you are not home? Loose Inside Loose Outside

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

Other (describe): _____

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

Doghouse Covered Area (e.g., Porch) Shade Trees Garage/Shed

Other (describe): _____

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

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

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Individuals who adopt COTAS animals are contacted periodically for an update to help ensure that the animal successfully adjusts to its new life.

Do you consent to home visits, with notice, before and/or after the adoption? Yes No

Best time of day to call to check on how the adopted dog is adjusting? _____

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

Adopter Signature: _____ Date: _____

COTAS Reviewer: _____ Date: _____