



# CITY OF BANDERA Animal Adoption Application

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511 Main St. PO Box 896 Bandera, Texas 78003-0896 (830) 796-3756

## CONTACT INFORMATION

Full name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

How long have you lived at this address? \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

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

## FAMILY & HOUSING

How many adults are there in your family (their relationship to you)? How many children (ages)?

Adults: \_\_\_\_\_

\_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

What type of home do you live in single family, town home, apartment, farm, etc.?

\_\_\_\_\_

Please describe your household:  Active  Noisy  Quiet  Average

If you rent, please give the rules governing pets and the landlord's name and number:

\_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

By providing this information you are allowing City of Bandera Animal Shelter to contact your landlord. Please inform them of this call so they will speak with us.)

Does anyone in the family have a known allergy to dogs? \_\_\_\_\_

Is everyone in agreement with the decision to adopt a dog? \_\_\_\_\_

Do you have time to provide adequate love and attention? \_\_\_\_\_

**OTHER PETS**

What other pets do you have (specify type and number)?

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Are these pets up to date on vaccines? \_\_\_\_\_

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Are these pets spayed/neutered? If not, why? \_\_\_\_\_

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Have you every surrendered a pet? If so, why? \_\_\_\_\_

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Have you ever had a pet euthanized? If so, why? \_\_\_\_\_

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Have you ever lost a pet to an accident? \_\_\_\_\_

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How do you discipline your pets and why? \_\_\_\_\_

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**VETERNARIAN**

Do you have a regular veterinarian?  Yes  No

Veterinarian's name: \_\_\_\_\_

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

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

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

By providing City of Bandera Animal Shelter with this information you are allowing City of Bandera Animal Shelter to call your vet. Please call your vet and ask them to authorize the release of information to City of Bandera Animal Shelter.

**ADPOTION PREFERENCES**

What is your idea of an ideal dog and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Desired age: \_\_\_\_\_

Desired size: \_\_\_\_\_

Desired breed: \_\_\_\_\_

Breed(s) you would not adopt: \_\_\_\_\_

\_\_\_\_\_

Desired sex:  Spayed Female  Neutered Male  No preference

Willing to adopt:  Outgoing/active dog  Shy dog  Dog that needs regular medication

Dog that needs training  Dog that needs grooming  None of these

Where will the dog spend the day? (describe) \_\_\_\_\_

\_\_\_\_\_

Where will the dog spend the night? (describe) \_\_\_\_\_

\_\_\_\_\_

Number of hours (average) dog will spend alone? \_\_\_\_\_

Who will have primary responsibility for this dog's daily care? \_\_\_\_\_

\_\_\_\_\_

Who will have financial responsibility for this dog? \_\_\_\_\_

\_\_\_\_\_

Do you agree to provide regular health care by a licensed veterinarian?  Yes  No

Do you agree to keep the dog as an indoor dog?  Yes  No

When the dog goes out, how do you plan to supervise it? \_\_\_\_\_

\_\_\_\_\_

Do you have a fenced yard?  Yes  No

Do you agree to contact City of Bandera Animal Shelter if you can no longer keep this dog?

Yes  No

Are you willing to let a representative of City of Bandera Animal Shelter visit your home by appointment?  Yes  No

How did you hear about City of Bandera Animal Shelter? \_\_\_\_\_  
\_\_\_\_\_

Would you be interested in fostering?  Yes  No

**OTHER INFORMATION**

Personal References

Please list someone who is familiar with both you and your pets.

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

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

Phone: \_\_\_\_\_ Relationship (relative, neighbor, friend, etc.): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relationship (relative, neighbor, friend, etc.): \_\_\_\_\_

All the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed veterinarian.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date