



CITY OF BANDERA Animal Adoption Application

511 Main St. PO Box 896 Bandera, Texas 78003-0896 (830) 796-3765

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)?

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not, why? _____

Have you every surrendered a pet? If so, why? _____

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

Have you ever lost a pet to an accident? _____

How do you discipline your pets and why? _____

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