



Adoption Application

CITY OF PFLUGERVILLE
ANIMAL CONTROL
1600 WATERBROOKDRIVE
(512) 990-7387
PFLUGERVILLE, TEXAS 78860



Applicant: _____ LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL **Date:** _____

Physical Address: _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

Home Phone: _____ **Cell Phone:** _____ **Driver's License Number:** _____ **State:** _____

Email Address: _____

Reference Name: _____ **Contact Number:** _____

Reference Name: _____ **Contact Number:** _____

Veterinarian Name: _____ **Contact Number:** _____

Animal pen # or description of animal you are interested in adopting: _____ **cat** **dog** **other:** _____

This application will help us meet our goal of placing the right animal with the right person. We intend for our animals to go into permanent, responsible, loving homes. To this end, we will decide which pets will be adopted by which people.

- I am over 18 years of age: Yes No
- There are _____ people in my household, including _____ children, ages: _____ .
- I rent an apartment rent a home own a home own a condo. If renting:
Name of Landlord: _____ Contact Number: _____
- I currently have _____ other pets in my home. They are are not vaccinated.
These include male dog(s) female dog(s) male cat(s) female cat(s) Other: _____
- In addition to my current pets, I have had _____ pets over the last 5 years.

- Do you or anyone living in your household have any know allergies to pets? Yes: _____ No
- How will you keep the dog confined in your yard? Kennel Fenced Yard Leash or Chain
- How much time will your new pet spend inside of your house? 0% 10% 25% 50% 75% 100%
- Have you ever taken an animal to a shelter? Yes No
If yes, where? _____ Why? _____

I acknowledge receipt of the herein described pet and agree to keep it as a companion animal. I understand that this animal has been determined to be healthy, but that no guarantee of its health or soundness can be made. I understand the recommendation that I have my new pet examined by a veterinarian within 72 hours of taking it from the facility. I accept full responsibility for the humane care and control of this animal and its health and for any consequences of its actions. I agree to keep this animal in accordance with all applicable laws of my community, county, and state. I agree this animal will not be used for experimental or medical purposes.

I ACCEPT THE TERMS OF THIS AGREEMENT _____
SIGNATURE

PPD USE ONLY

Intake Number: _____ **Date of Intake:** _____ **Gender:** M F **Approximate Age:** _____

Cat Dog Other: _____

Spay/Neuter Date by PPD Vet: _____ **Microchip Info:** _____ **Breed:** _____ **Color(s)** _____

Vaccinations by PPD Vet: Rabies Heartworm Test DHLPP PRC-C Worming Fel V Test

FEES PAID: Cash **Spay/Neuter:** \$ _____ **Rabies:** \$ _____ **Other:** \$ _____ **Total:** \$ _____

Check: # _____ DETAILS LISTED ON BACK

Employee Name: _____ **Date:** _____ Approve Disapprove