

ADOPTION APPLICATION

Aransas County Animal Control
872 Airport Road
Rockport Texas 78382
361-790-0151 or 361-790-5589 Ext 7202

ADOPTION FEE \$50.00 INCLUDES SPAY/NEUTER

Money order, Cash (exact amount) Credit Card

We are glad you have come to adopt a new pet from our shelter. The following information is requested so that we can assist you in the selection of a new pet. The consultation and application process is designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal compatible with your lifestyle.

Name: _____ Date of Birth: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Cell: _____ Work: _____ Home: _____

E-mail Address: _____

Please circle what best describes the pet you want to adopt:

TYPE	SIZE	PERSONALITY	Reasons	Reasons
PUPPY	TOY	ACTIVE/ ENERGETIC	Watch dog	Childs Pet
DOG	SMALL	LAP DOG	Companion	Companion for other pet
CAT	MEDIUM	LAI D BACK	Mouser	Barn Cat
KITTEN	LARGE	OTHER	Hunting	OTHER

Do you have a breed preference: _____?

If you interested in adopting a Cat/Kitten:

Where will your cat be kept? Indoors _____ Outdoors _____ Both _____

Do you intend to declaw your cat? Yes _____ No _____ Undecided _____

Do you plan on putting your cat on heartworm prevention? Yes _____ No _____ Undecided _____

If you're interested in adopting a Dog/Puppy:

Where will your dog be kept? Indoors _____ Outdoors _____ Both _____

Will your dog have access to a yard? Yes _____ No _____ is it fenced? Yes _____ No _____

If fenced, what type/ height? _____?

Will you use a leash when dog is off property? Yes _____ No _____

Do you plan on putting your dog on heartworm prevention? Yes _____ No _____ Undecided _____

Do you own any pets at this time? Yes _____ No _____ (If yes, please list information below)

NAME	BREED/SPECIES	AGE	SPAYED NEUTERED	CURRENT ON RABIES	HEARTWORM PREVENTION

If you have no pets at this time, but have owned pets in the past 2 years, what happened to them?

Who is your veterinarian? _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

In which of the following do you live? House/Mobile _____ Apt/Condo _____ RV _____

Do you own or rent? Own _____ Rent _____

If you rent, what is your landlord's name? _____ Phone _____

By signing this adoption application, I understand and/or agree to the following:

- ❖ I will have my new pet examined by a veterinarian within 72 hours of adoption and to follow the rules and regulations set forth by Aransas County Commissioner's Court.
 - This will include having my pet vaccinated against Rabies. I will provide a copy to Aransas County Animal Control
- ❖ Aransas County is unable to give refunds or reimburse any expenses incurred as a result of this adoption.
- ❖ **Sterilization of the animal is required under chapter 828, Health and Safety Code**
 - **Sterilization surgery will be performed by a licensed veterinarian.**
 - **I further understand that there is no additional cost for sterilization surgery under the Aransas County Animal Control Adoption agreement. Aransas County Animal Control will only cover the cost of spay/neuter.**

Adopter's Signature: _____ Date: _____

Staff use only

Please email application back to: acanimalcontrol@aransascounty.org.

Desired animal id # or Name: _____ Verification of housing _____

Verification of Veterinarian: _____ Staff member signature: _____

APPROVED

DENIED

PENDING