



Humane Society
of Tom Green County

www.HumaneSocietyTGC.com

www.HumaneSocietyTGC.com

325-653-8056

Adoption Application

NOTICE: HSTGC reserves the right to refuse any applicant based on information provided within this application as well as information obtained from personal interviews and references. The adoption screening process is objective and it is the intent of our trained adoption coordinators to place animals in homes which pet and owner are well suited for one another.

CONTACT INFORMATION: (APPLICANT MUST BE A RESIDENT OF TOM GREEN COUNTY AND AT LEAST 21 YEARS OF AGE)

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ CELL PHONE: () _____ WORK PHONE: () _____

EMPLOYER: _____ ADDRESS: _____

DATE OF BIRTH: _____ DL OR ID NUMBER _____ STATE _____

(THIS INFORMATION WILL BE USED FOR IDENTITY VERIFICATION AND BACKGROUND CHECK)

PERSONAL INFORMATION:

MARITAL STATUS:

- SINGLE
- MARRIED
- SEPARATED
- DIVORCED
- WIDOW

HOUSING INFORMATION:

DO YOU CURRENTLY:

- RENT YOUR HOME /APT
 - OWN YOUR HOME
 - LIVE WITH RELATIVES
 - OTHER
- _____

FAMILY INFORMATION:

ARE THERE ANY CHILDREN IN THE HOME

- NO
 - YES
- AGES _____

PET HISTORY & ANIMAL CARE BACKGROUND:

HAVE YOU EVER OWNED A PET?

- NO
- YES

IF YES, PLEASE LIST ANY PETS YOU HAVE OWNED THAT ARE NOT CURRENTLY LIVING WITH YOU

BREED	HOW LONG DID YOU HAVE THE ANIMAL	WHAT HAPPENED TO THE ANIMAL
_____	_____	_____
_____	_____	_____
_____	_____	_____

PET HISTORY & ANIMAL CARE BACKGROUND (CONT.):

DO YOU CURRENTLY HAVE PETS IN YOUR HOME:

- NO
- YES

HOW MANY _____

NAME:	BREED:	SEX:	AGE:	SPAY/NEUTER	CURRENT VACCINATIONS

HAVE YOU EVER SURRENDERED A DOG TO AN ANIMAL SHELTER OR RESCUE?

- NO
- YES

IF YES, EXPLAIN THE SITUATION _____

IS ANYONE IN THE HOME ALLERGIC TO PETS:

- NO
- YES

IF YES, HOW WILL YOU COPE WITH THIS ISSUE? _____

ADOPTION PLANS:

WHAT PET ARE YOU INTERESTED IN? _____ AS AN

- INDOOR PET
- OUTDOOR PET

WHY ARE YOU INTERESTED IN THIS PARTICULAR ANIMAL? _____

HOW MANY HOURS A DAY WILL YOU BE ABLE TO SPEND WITH THIS PET? _____

WHERE WILL THE PET STAY WHEN YOU ARE AT WORK OR AWAY FROM HOME: _____

WHERE WILL THE PET SLEEP AT NIGHT? _____

SHOULD SOMETHING HAPPEN AND YOU HAD TO RELOCATE OR COULD NO LONGER CARE FOR YOUR PET, WHAT WOULD YOU DO?

MISCELLANEOUS

IS YOUR PROPERTY FENCED?

- YES (IF YES, PLEASE PROVIDE TYPE OF FENCE AND HEIGHT) _____
- NO

HOW DO YOU PLAN TO GROOM THE ANIMAL?

- PAY FOR GROOMING (HOW MUCH ARE YOU WILLING TO PAY MONTHLY FOR THIS _____)
- GROOM THE ANIMAL MYSELF

WHERE WILL YOU KEEP YOUR PET WHEN YOU TRAVEL? _____

IF YOUR PET BECAME ILL, WHAT WILL YOU DO? _____

HOW DO YOU PLAN TO EXERCISE YOUR PET? _____

WHAT HAPPENS TO THE PET IF YOU DISCOVER A BAD HABIT WE HAVE NOT IDENTIFIED (ie CHEWING, DIGGING, ETC.)

ARE YOU WILLING TO CONTINUE TRAINING YOUR PET (i.e. OBEDIENCE, HOUSETRAINING, ETC)? _____

PLEASE READ AND SIGN:

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED HEREIN IS TRUE AND THAT I HAVE ANSWERED ALL QUESTIONS HONESTLY. I FUTURE CERTIFY THAT I AM AT LEAST 21 YEARS OF AGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL RESULT IN THE APPLICATION BEING DENIED. I UNDERSTAND THAT HSTGC RESERVES THE RIGHT TO DENY ANY APPLICATION FOR ANY REASON FOR THE SAKE OF PROTECTING THE WELFARE OF THE ANIMAL. I UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE HSTGC RESCUE AND ADOPTION COMMITTEE. I FURTHER UNDERSTAND THAT I WILL BE NOTIFIED OF AN APPROVAL OR DENIAL WITHIN 7 DAYS OF THE COMPLETION OF THIS APPLICATION. IF MY APPLICATION IS DENIED I UNDERSTAND THAT HSTGC MAY OR MAY NOT DISCLOSE THE REASON(S) THE APPLICATION WAS DENIED.

I UNDERSTAND THAT I HAVE ONLY SUBMITTED AN APPLICATION TO ADOPT AND THIS IS NOT AN ADOPTION CONTRACT AND THAT APPROVAL IS NOT GUARANTEED.

IT IS MY INTENTION TO INTEGRATE THE ANIMAL I AM APPLYING TO ADOPT INTO MY HOME AND LIFE AS A PET, COMPANION AND MEMBER OF MY FAMILY. I UNDERSTAND THAT THE ADOPTION OF ANY PET IS A COMMITMENT TO PROVIDE LOVE, SHELTER AND CARE TO HIM/HER FOR THE DURATION OF HIS/HER LIFE. I CERTIFY HERE THAT I AM READY TO MAKE THIS COMMITMENT WITH THE FULL KNOWLEDGE THAT MY PET MAY LIVE TO EXCEED 15 YEARS OF AGE. I AM PREPARED TO BE FINANCIALLY RESPONSIBLE FOR VETERINARY CARE INCLUDING BUT NOT LIMITED TO ANNUAL CHECK UPS AND VACCINATIONS. I AM PREPARED TO PROVIDE GROOMING, EXERCISE AND SOCIAL INTERACTION FOR THE PET.

I HEREBY AUTHORIZE HSTGC TO CONTACT MY REFERENCES AS PART OF THE SCREENING PROCESS FOR ADOPTION.

SIGNATURE OF APPLICANT(S)

DATE

PERSONAL REFERENCES:

NAME	PHONE NUMBER	EMAIL	ADDRESS
1.			
2.			
3.			

REFERENCES

	NAME	PHONE NUMBER	ADDRESS
LANDLORD (REQUIRED IF RENTING)			
VETERINARIAN (REQUIRED IF CURRENTLY HAVE PETS)			

FOR OFFICE USE ONLY

APPLICATION SUBMITTED TO STAFF ON _____ RECEIVED BY _____

ACCEPTANCE / DENIAL LETTER DUE BY _____

HOW DID APPLICANT LEARN ABOUT THIS PET:

- ADOPTION EVENT/COMMUNITY BOOTH
- PETFINDER
- PET OF THE WEEK
- OTHER _____

APPLICATION PROCESS

- IDENTIFICATION VERIFIED BY _____
- ADDRESS VERIFICATION
- PERSONAL REFERENCE CHECK
- LANDLORD REFERENCE / VERIFICATION OF PET DEPOSIT
- VETERINARY REFERENCE
- TELEPHONE INTERVIEW
- MEET & GREET SCHEDULED
- APPLICATION PRESENTED TO COMMITTEE OR REPRESENTATIVE

FINAL DECISION:

- APPLICATION IS APPROVED
APPLICANT NOTIFIED
- APPLICATION IS DENIED
DENIAL LETTER MAILED