

Where will pet stay when you travel? _____

Who will financially support this pet? ___Myself ___Spouse ___Family ___Friend ___Parents

Please list all cats/dogs currently living at your address, & any you have owned in the last 3 years:

<u>Species</u>	<u>Name/age</u>	<u>Sex</u>	<u>Neutered</u>	<u>Rabies Vaccinated</u>	<u>Still have? If not, what happened to it?</u>
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____
Dog/Cat	_____	M F	Yes No	Yes No	_____

Name, City and Phone number of veterinarian with medical history of animals living at your house:

Are all household members wanting this pet? Yes No

Are you at least 18 years old? Yes No

Have you applied to adopt from this shelter before today? Yes No

Will you have the pet examined by a veterinarian within 72 hours? Yes No

Do you understand that this pet **MUST** be spayed or neutered? Yes No

Will you have this pet vaccinated by a veterinarian annually against?
Infectious diseases and annual rabies vaccinations required by the State of Texas Yes No

Will you maintain the dog on heartworm preventative? Yes No

Read and sign below:

*I certify the above information is true, and false information may result in nullifying this adoption.
I understand no animals can be held for me unless this application is approved, and adopted
animals can be held no longer than 24 hours.*

Signature: _____ Date: _____

Staff signature: _____

Staff signature: _____

The Corsicana Animal Shelter reserves the right to refuse adoption to anyone.

Comments: