

Intake # _____

Date: _____

Angleton Animal Control Adoption Agreement
535 S. Anderson, Angleton, TX 77515
979.849.9550

PLEASE READ CAREFULLY

DATE _____

INTAKE # _____

I hereby acknowledge receiving from Angleton Animal Control

(Description: Breed, age, gender, color)

Which I agree to care for humanely and maintain in accordance with all laws and ordinances. Under Chapter 828 of the Health and safety code all animals adopted must be sterilized (spayed/neutered) within thirty (30) days of the adoption. Failure to complete this sterilization is a criminal offence punishable as a class C misdemeanor. The adopter of any cat or dog must have the animal vaccinated and obtain a city registration and microchipped within thirty (30) days of the adoption. The adopter will send proof of rabies/ city registration/sterilization/vet's name and phone number to animal control by the required date or a citation will be issued.

I have read and understand the above and by my signature will be held accountable.

Signature of Adopter _____ Date _____

Print Name _____ DOB _____

Address _____

Street

City

State Zip

Driver's License # _____ Email: _____

Phone: Home _____ Cell _____

Work _____ Phone _____

How many pets do you currently have? _____

Veterinarians name: _____

Phone # _____

Date sterilized: _____

Date of rabies shot: _____

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ANGLETON ANIMAL CONTROL PET ADOPTION AGREEMENT

We are placing the following described pet with you, the Adopter, for adoption by you as a companion pet.

PET: Dog/Cat Male/Female Spayed/Neutered

INTAKE # _____

RABIES DATE: _____ SPAY/NEUTER DATE: _____

Citation Issued: _____ You have until _____ to prove that the animal is up to code. After this date, you will be issued a citation.

Color/Markings/Breed/Mix: _____

Approximate Age: _____ Adoption Fee: \$ _____

_____ You agree that we are making no representations or warranties about the condition, personality, or temperament of the pet. You agree to release us of all liability once the pet is in your possession. The City of Angleton and all governments of Angleton is not liable for any claims, legal actions, losses, injuries, damages, costs, expenses, or liabilities whatsoever in connection with your adoption or ownership of the pet.

Signature _____ Date: _____

Animal Control Representative _____

Intake # _____

Date: _____

City of Angleton Animal Control Adoption Agreement

Description of Breed, Age, Gender, Color/Markings of Adopted Dog or Cat:

Adopter's Name: _____ Date: _____

Adopter's Address: _____ Cell Phone: _____

How many pets do you currently have? _____

Veterinarian's Name: _____

The adopter agrees to comply with the following requirements:

_____ I (we) declare that I (we) have not been convicted of a charge related to cruelty, neglect, or abandonment to animals and that no such charge against me is currently pending.

_____ I agree that I am adopting this animal for myself as a companion pet for its lifetime, and I agree that I will **not** sell, give away or otherwise dispose of said animal to any person(s) or other entity for any reason.

_____ I understand that should it come to the attention of the City of Angleton from any source that the Adopter is not abiding by the terms of this Agreement, the City has the right to immediately confiscate this animal and file all applicable criminal or civil charges against the Adopter.

_____ I understand City of Angleton may refuse an adoption at any time for any reason.

_____ I understand that I am assuming all financial responsibility and I will not expect financial reimbursement from the City of Angleton for any expenses incurred, including veterinary services.

_____ I agree all pets adopted from the City of Angleton will be spayed or neutered within 30 days of adoption of an adult animal or no later than the 30th date after an infant animal is estimated to have obtained the age of four months. I understand that Texas state law requires all animals adopted from a shelter be altered (Chapter 828, Texas Health and Safety Code). I agree to have my animal sterilized by _____.

_____ I agree to care for the above-described animal in a humane and responsible manner and to provide it with clean and adequate shelter, food, water and veterinarian care and meet the physical and behavioral needs of this animal daily.

_____ I understand the City of Angleton does not know the medical, vaccination, or genetic history of the animals. A pet may have been exposed to disease or have genetic problems. The City makes no guarantees about the health of adopted pets.

_____ The City of Angleton makes no guarantees about the behavior or temperament of any animal.

_____ I will make sure my pet is always wearing a collar and identification tags.

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_____ I agree to abide by all state and local laws regarding pets where I live, including requirements for rabies vaccinations and pet registration or licensing, as well as any “leash laws,” or tethering, shelter or noise-prevention rules.

_____ Within 30 days of this date, I agree to send proof of rabies/city registration/ sterilization/ vet’s name and phone number to the **City of Angleton Animal Control Division, 535 S. Anderson, Angleton, Texas, 77515.**

_____ **I understand that the City of Angleton makes no warranties or representations regarding the animal’s health, behavior, temperament, age or breed.** I further understand that environmental changes may effect and change the temperament of the above named animal and that the City of Angleton has no liability or responsibility of any nature regarding defects with the animal, or injuries or damage to any person or property which may be caused by the animal. I, the adopter, agree to indemnify and hold harmless the City of Angleton, its members, officers, directors, agents, and their heirs, administrators, executors, successors and representatives against any and all claims, known or unknown, nor or hereafter in connection with this animal.

_____ I agree to keep City of Angleton Animal Control informed of my current home address and phone number.

Pets in the City of Angleton Animal Shelter have uncertain backgrounds. The City of Angleton does not have a veterinarian on staff, so your pet has not received a veterinarian exam while at the shelter. We recommend that you keep your new pet segregated from any pets who already reside in your home until you are able to have your new pet examined by a veterinarian.

I, the Adopter, have read the adoption rules and conditions set forth, placed my initials beside each provision, I understand each of them and agree to abide by them.

I, the Adopter, certify that all provisions that I have initialed by are true and correct, and I agree that I must forfeit the animal to the City of Angleton and the City of Angleton has the right to confiscate the adopted animal in the event that any information is found to be false or if my check for adoption fee is returned for insufficient funds. Such entry onto my property shall not constitute trespass upon the premises occupied.

By signing this Agreement, I agree to be legally responsible for the animal described herein.

Adopter’s Printed Name _____

Adopter’s Signature _____ Date _____

Intake # _____

Date: _____

In order to be considered as an adopter you must:

- **Be 18 years of age or older**
- **Have identification showing your present address**
- **Have the knowledge and consent of your landlord**
- **Be able and willing to provide a loving, safe and peaceful environment for this pet**
- **Be financially stable and willing to provide any necessary medical care**

Pet ownership is a serious responsibility. The policy of Angleton Animal Services & Adoption Center is to ensure that each person who adopts a pet is aware of the responsibility and is capable and willing to accept that responsibility morally, physically and financially.

The following questionnaire has been designed to aid both you and the Angleton Animal Services & Adoption Center in deciding if you and/or your family are adequately prepared to assume the responsibility of pet ownership. Please be sure to ANSWER ALL QUESTIONS and feel free to add your own comments. If a question does not apply write N/A. PLEASE WRITE NEATLY!

Name: _____ Age: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Email: _____ What is the best way to contact you? _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Spouse's Occupation: _____

Your type of dwelling: House Condo Apartment Townhouse

Do you: Own Rent Length of time at current residence? _____

Do you plan to move within the next 6-12 months? Yes No

If you rent are pets allowed? Yes No Pet Deposit? Yes No

What is the name of the property owner/agent? _____

Contact name and phone number: _____

Do all adults in your household know you plan to adopt? Yes No Not Applicable

Have your children ever been around dogs and/or cats? Yes No Not Applicable

Has your child ever been bitten by a dog? Yes No Not Applicable

Do your current pets get along with other animals? Yes No Not Applicable

Will this pet be: Indoor only Mostly Indoor Mostly Outdoor Outdoor Only

How many hours per day on average will the pet be alone?

0-2 2-4 4-6 6-8 8-10 10-12 over 12

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Do you have a: Balcony Pool Pet Door Unscreened Windows

Will you ever have your dog on tie out? Yes No Explain _____

Do you travel? Yes No

Where do your pets stay if and when you travel? _____

PAST/PRESENT PET HISTORY

Please list the name, type, age, gender, and if pet is spayed or neutered of all **current animals**. (Ex- Duke, yellow lab, 1 ½ years old, male neutered)

Please list age, type, gender and if the pet was spayed or neutered for all **animals you no longer have** and what happened to that animal. (Ex- Rosie, Kelpie X, spayed female, died of old age)

Are your companion animals spayed/ neutered? Yes No

If not, why? _____

Are your animals current on all vaccinations? Yes No Date of last vaccinations: _____

If adopting a CAT, do you plan to declaw? _____

How often do you think a dog/cat should go to the vet for routine care? _____

What would you do with your pet if you could not keep it for the reasons stated above? _____

Have you ever surrendered a pet to a shelter/pound? Yes No If yes, why? _____

Do you have a relative who would adopt the pet if you, for any reason, become incapable of caring for him/her? If yes, please provide name, address, phone number and relation: _____

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PLEASE PROVIDE TWO PERSONAL REFERENCES THAT ARE NOT MEMBERS OF YOUR IMMEDIATE FAMILY:

NAME: _____ PHONE NUMBER _____ EMAIL: _____

NAME: _____ PHONE NUMBER _____ EMAIL: _____

Is there anything else you would like to tell us that you think would be important when considering your application?

Who shares your household?

- Spouse/Life Partner Roommate(s) # _____
 Boyfriend/Girlfriend Other: _____

Are there children in the home? YES NO

If yes, how many? _____ How old? _____

At what age do you feel children are responsible enough to take care of a pet without assistance? (i.e. walk, feed, train) _____

Does anyone in your household have an allergy to dogs that you are aware of?

- YES NO

Where will your dog spend most of his/her day when you are home?

- indoors garage
 yard enclosed patio
 indoor/outdoor other: _____

additional info: _____

Where will the dog stay when he/she is home alone?

- indoor/outdoor (doggy- door)
 inside only (specify):
 run of the house crate specific room(s): _____
 outside only (specify):
 yard garage enclosed patio other: _____

Additional info: _____

Intake # _____

Date: _____

Where will the dog sleep at night?

- indoor/outdoor (doggy- door)
- inside only (specify):
- run of the house crate specific room(s): _____
- outside only (specify):
- yard garage enclosed patio doghouse
- other: _____

And your yard.....

I do not have a yard at this time (skip to the next section)

What outside areas are available to the dog? (check all that apply)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> front yard | <input type="checkbox"/> doghouse |
| <input type="checkbox"/> back yard | <input type="checkbox"/> garage |
| <input type="checkbox"/> enclosed patio | <input type="checkbox"/> other: _____ |

Do you have a doggie door? YES NO

Is your yard shared with neighbors? YES NO

Is your yard fenced? YES NO What is the type of fence? _____

Fence height? _____ Highest point _____ Lowest Point

Have you recently inspected your fences? YES NO

Are they in good condition with no holes or loose points? YES NO

If your dog will have free access to a fenced yard, where is it located?

- front yard back yard side yard

Which of the following is used to secure your gate?

- latch padlock
- keyed lock other: _____
- we do not lock our gate for the following reason: _____

If your gate does not have a lock, are you willing to install one? YES NO

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Who has access to your yard? (check all that apply)

- Gardener
- Pool man
- Utility
- Postal worker
- Housekeeper
- Delivery
- Neighbor
- Other: _____

If yes, where is the dog kept while they are working? _____

Do you trust your workers not to let the dog get out? YES NO

Your Experience with Dogs.....

How would you describe your dog owning experience?

- I have had dogs of my own as an adult
- I grew up with dogs or have worked with them but have not had my own as an adult
- I have never had one or have limited experience with dogs
- Other: _____

Have you owned the breed you are interested in before? YES NO

If no, what is your experience with them? _____

What do you appreciate about this breed? _____

How many dogs have you owned in the past 5 years? _____

What happened to the other dog(s)?

Do you currently have pets? YES NO If yes, please complete the following:

Type	Breed	Gender	Age	Spay/Neutered?	If not, why?

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How do you feel your current pets will adjust to a new dog in the house? _____

Have you had experience with behavioral or medical issues with your previous or current pets?

If yes, please describe: _____

If there are children in the household, please describe their experience with dogs:

About this dog.....

Why do you want to adopt this rescued dog? _____

Share your reasons for wanting a dog? (check all that apply)

- family pet gift for someone else protection/guard dog
 companion child's companion companion for another pet
 Other: _____

How will you exercise your dog? _____ How often? _____

What type of training are you interested in doing with your dog? _____

Have you or would you be willing to enroll your current dog(s) in obedience classes?

- YES NO only if I had problems

How would you discipline your dog if he or she misbehaved/ chewed household items? _____

What method do you intend to use to housetrain your dog? (check all that apply)

- Rub nose in offending spot Take out every couple of hours
 Crate training Consult professional
 Other: _____

If your dog develops behavioral problems, what will you do? _____

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In which of the following situations might you allow your dog off leash?

- public park dog park beach
 hike neighborhood walk
 back yard front yard

Additional information.....

If your dog got out/ was lost, what would you do? _____

What food will you feed the dog? (Specify brand if known)

Dry _____ Canned _____ Other _____

Would you like food recommendations? Yes, please

Pets are an investment of your time and money and routine veterinary care can easily cost a minimum of \$200 a year for routine vaccines, deworming, and heartworm testing, without considering possible emergencies or unforeseen illnesses. Adopting a dog is a long-term financial commitment.

Can you afford to provide medical care, grooming, proper diet, shelter, and exercise for your new dog? YES NO

This dog must be kept on heartworm prevention year-round, which can cost between \$60 and \$100 annually and re-tested for heartworm disease every year. Heartworm disease is spread by mosquitoes and can be fatal but is easily prevented with a monthly chewable tablet. Preventing fleas and ticks is easier and more cost-effective than dealing with the consequences of an infestation, which can range from skin infections for your pet to the need for an exterminator for your home. We have several products which are recommended by our veterinarians. These products should be used year-round due to our local weather conditions.

Other concerns: _____

Are you able to make a long-term commitment to care for your pet for its entire life span, which could be as long as 15 years or more? YES NO

Who is your veterinarian (name and phone)? _____

If you do not currently have a vet, would you like a referral? Yes, please

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If you move, what will you do with your dog? _____

Which of the following reasons might force you to give up your dog? (Check all that apply):

- excessive barking/ neighbor complaints
- aggressive on leash
- destructive chewing
- biting/aggression
- digging
- divorce/separation
- allergies
- shedding/ dirty
- not trainable
- poor watchdog
- moving/relocating
- house-training problems
- financial problems
- growling/nipping at guests
- excessive vet bills/chronic illness
- having a baby
- nips or bites children
- new spouse/ partner doesn't like dogs
- pets aren't getting along
- None of the above
- other: _____

Additional comments about why you would like to adopt this particular dog: _____

Is there anything else you would like to share about with us? _____

Please read and sign below: Many factors determine which applicant will be matched with a particular pet. If you are not able to adopt a pet today, it does not mean that you are not considered a good pet owner or that your home is not acceptable. Our goal is to place all animals into homes that will best suit their individual needs. Please ask for clarification if you have any questions.

I have completed this application truthfully and fully understand the adoption process.

Signature: _____ Date: _____

We reserve the right to refuse adoption to any applicant for any reason. This questionnaire becomes part of our contract.