



WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER
ADOPTION APPLICATION

Please complete this adoption application. It will help us achieve our goal of finding permanent, responsible, loving homes for the animals entrusted to our care and it will allow you to find a pet suited to your needs. Please print neatly.

Email Address: _____

Name: _____ Spouse's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Driver's License #: _____ # of House Members: _____ Ages of Children: _____

1. Do own or rent your residence? _____ Do you live in a house or apartment? _____

2. If renting, does your landlord allow the type of pet you are interested in? _____

3. Please list any other pets you currently have:

Species	Breed	Age	Gender	Spayed/Neutered?

4. Name of Veterinarian and/or clinic: _____

5. What are your reasons for adopting this animal? (Check all that apply) Companion for me

For a child Gift Replace a previous pet Mouser For Protection

Hunting Other

6. Will this animal be kept Indoors Outdoors Both

7. How will this animal be confined to your property? Fenced Yard Chain Kennel Other

8. Are all the members of your household in agreement with adopting this animal? Yes No

Please check any of the following topics you want to learn more about:

- Basic Training Declawing Cats Crate Training
- Chaining Dogs Play Biting Separation Anxiety

The staff here at the WCRAS expects that you are going to be able to care for your pets through their life in spite of any difficulties that may arise. Most people who bring their pet to a shelter do so because of financial, health, housing, or behavior issues. It is not fair for your pet to come back to a shelter because it becomes inconvenient to you.

_____ (initial) I have a plan on how to care for my pet should any of the above circumstances arise.

By signing below, I certify the information I have provided is true and accurate.

Signature: _____ Date: _____

I am willing to accept certain risks that come with adopting a pet from a shelter:

Please read and initial the following:

_____ The shelter will make the final decision about whether a certain animal is available for adoption.

_____ The shelter does not know the medical, vaccination, or genetic history of the animals. A pet may have been exposed to a disease or have genetic problems that the shelter is unable to detect. **We do not have a vet on our staff and the pet adopted here has not seen a veterinarian for a medical exam.** As a condition of adoption you will be required to sign an adoption contract that states you will take the adopted pet to a vet within 5 business days for a physical examination.

_____ Although the shelter records behavior information on pets while they are at the shelter, the shelter *cannot* predict future behavior, and *cannot* test for all possible triggers for aggression or other behavior problems.

_____ The shelter will advise me of any *known* behavior or medical issues that a pet has shown, but cannot *guarantee* the medical or behavior health of any adopted pet.

_____ WCRAS provides Hill's Pet Nutrition Inc. with pet adopter contact information (including name, address, phone, email, adoption date, pet breed, name and pet DOB) in accordance with Hill's shelter agreement in order to allow WCRAS participation in their In-shelter Discounted Food Program.

_____ Information collected during transactions with WCRAS may, if not protected by federal or state law, be subject to disclosure pursuant to law such as Freedom of Information Law or court order.