



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.

NAME: _____ EMAIL: _____

ADDRESS: _____ UNIT/APT#: _____

CITY: _____ ZIP: _____ DRIVER'S LICENSE#: _____

PHONE(1): _____ PHONE(2): _____

EMERGENCY CONTACT (for the microchip) NAME: _____ PHONE: _____

NUMBER OF PEOPLE IN THE HOME: _____ AGE OF CHILDREN: _____

DO YOU OWN YOUR RESIDENCE? _____ DO YOU LIVE IN A HOUSE OR APARTMENT? _____

IF RENTING, DOES YOUR LANDLORD ALLOW THE OF PET YOU ARE INTERESTED IN? _____

CURRENT PETS:

CATS	SPAYED/ NEUTERED?	DOGS	SPAYED/ NEUTERED?	OTHER

NAME OF VETERINARIAN OR CLINIC: _____

REASONS FOR ADOPTION: COMPANION FOR ME FOR A CHILD REPLACE A PREVIOUS PET GIFT
 MOUSER FOR PROTECTION HUNTING OTHER _____

ANIMAL WILL BE KEPT: INSIDE OUTSIDE BOTH

HOW WILL THIS ANIMAL BE CONFINED ON YOUR PROPERTY:
 FENCED YARD CHAIN KENNEL INDOORS ONLY OTHER _____

ARE **ALL** THE MEMBERS OF YOUR HOUSEHOLD IN AGREEMENT WITH ADOPTING THIS ANIMAL? _____

WHICH TOPICS DO YOU WANT TO LEARN MORE ABOUT:
 BASIC TRAINING DECLAWING CATS CRATE TRAINING CHAINING DOGS PLAY BITING
 SEPARATION ANXIETY HOUSETRAINING DOG/CAT INTRODUCTIONS IN THE HOME

The Williamson County Regional Animal Shelter staff expects that you will care for this animal though his/her life - in spite of any difficulties that 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 he or she becomes inconvenient. **If financial, health, housing, or behavior issues arise, how will you care for your pet :**

PLEASE READ AND COMPLETE THE FOLLOWING:

I am willing to accept certain risks that come with adopting a pet from a shelter. (please answer) _____

The shelter does not know the medical, vaccinations, 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. _____ (initial if you agree)

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. _____ (initial if you agree)

The shelter will advise me of any **known** behavior or medical issues that the pet has shown, but **cannot guarantee** the medical or behavior health of any adopted pet. _____ (initial if you agree)

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

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. _____ (initial if you agree)

BY SIGNING BELOW, I CERTIFY THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE.

SIGNATURE: _____ DATE: _____