

City of Waller Animal Shelter Adoption Form

Please fill out one form per dog

Dog applying to adopt- Type name of dog and breed *

Name *

Driver's license state and number *

Date of Birth *

E-mail *

example@example.com

Phone Number *

Area Code Phone Number

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

How many adults and children are there in your family residing at the residence and their ages? *

What type of home do you live in single family, town home,apartment, farm, etc.? *

If you rent, please give the rules governing pets and the landlord's name and number:(by providing this information you are allowing City of Waller Animal Shelter & Rescue to contact your landlord, please inform them of this call so they will speak with us) OTHERWISE TYPE N/A *

Is everyone living in the household agreed on the decision to adopt a dog? *

What other pets do you have? *

Are your current pets neutered/spayed? *

Are your current pets vaccinated? *

Will this be an indoor or outdoor pet? *

Name and number of your current vet? *

Have you ever surrendered a pet? *

Do you agree to take financial responsibility for this dog? *

Do you have a fenced in yard? *

Do you agree to keep this dog indoors? *

Can you provide adequate time and attention to the dog? *

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian. I agree that I will care for this dog in a safe and humane manner, and as a family pet and companion. The dog will have appropriate food, water, shelter and medical care for the duration of his/her life. I understand that the CURRENT OWNER makes no guarantees or warranties regarding the health or temperament of this dog. The CURRENT OWNER shall not be held liable for the behavior of this dog or any damages it may cause after ownership has been transferred. I enter into this agreement of my own free will and understand that this is a binding contract enforceable by civil law. DATE BELOW *



Month Day Year