



Terrell Animal Alliance Adoption Application

972-345-3682

***Email completed forms to:
taa501c3@yahoo.com

PLEASE READ:

Fill out on your computer by opening this document, clicking on enable editing at the top and then clicking on enable content. Fill in the application, save as a document and attach it to an email to taa501c3@yahoo.com. Or you can print it out, scan and attach it to an email to TAA.

Continue to fill out this application if you meet these minimum requirements:

1. You are 21 years of age.
2. You have a fenced yard and the dog will not be kept outside for lengths of time unsupervised.
3. The dog will not be tethered at any time.
4. Your current animals are ALL spayed/neutered and current on vaccinations – We confirm this information with your veterinarian.
5. Consent to a home/yard safety check before adoption is finalized.
6. None of your previous animals have been surrendered to a shelter or rescue.

If you feel you have a viable exception to any of these minimum requirements, please discuss with a Board Member before filling out this Application.

Thank you for choosing to adopt a homeless animal!

Applicant Information

Date of Application:		Dog/Cat Applying For:	
Name:			
Home Street Address:			
City:	State:	Zip:	
Home phone:	Cell phone:	Best time to call:	
Email Address:		Alternate Email:	
Number of People in Household:		Ages of children in the household, or visit often:	
Are the children good with animals? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will children be supervised at all times with new pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or any member of your family allergic to dogs/cats: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupation:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student	
Do you plan to stay committed to your new pet(s) including obedience classes if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What role would you like your new dog/cat to play in your life? (Check all that apply) <input type="checkbox"/> Companion/Family Pet <input type="checkbox"/> Protection <input type="checkbox"/> Therapy <input type="checkbox"/> Hunting <input type="checkbox"/> Other:			
Are you prepared for an extended adjustment period* for you and a new pet? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p><i>* The adjustment period is the time it takes for a pet to adjust to a new environment (your home), new people (you and your family) and new rules. It can last anywhere from 2 hours to 2 months or more. Please ask TAA members if you are not sure what the adjustment period entails or for training suggestions.</i></p>			

Do you travel often? Yes No Are any family members subject to Relocation? Yes No
 How do you plan the care of your pet(s) while out of town?

If for some reason you are no longer able to care for your pet, do you agree to contact TAA immediately and return the pet only to us (or a TAA Board Member *appointed* representative) Yes No

- Please check yes or no for each of the following statements:
- I agree to a home and yard safety visit by TAA before adopting : Yes No
 - I agree to follow-up home visit by TAA if needed: Yes No
 - I am willing to adopt sick or special needs pets: Yes No
 - I am willing to potty train my new pets. Yes No
 - I am willing to crate train my new pets? Yes No

General Information

Type of residence: House Apartment Condo Mobile Home Other:

<input type="checkbox"/> Own or <input type="checkbox"/> Rent	If renting, are pets allowed and is pet deposit paid*? <input type="checkbox"/> Yes <input type="checkbox"/> No * A letter of permission from your landlord may be required if renting- Home or Apartment,	Square Footage:
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How many hours per day will your new dog/cat be alone?	How many hours per night will your dog/cat be alone?
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Where will the dog/cat spend days? <input type="checkbox"/> Inside <input type="checkbox"/> Outside Explain setup:	Where will the dog/cat spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside Explain setup:
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Do you have a fenced yard? Yes No

If yes, what is the size of the yard? sq.. ft. What is the fence constructed of? Wood Chain Link Other

Height of Fence: Gates of Fence Securely Locked? Yes No Other:

Do you have a pool: Yes No Is it fenced in? Yes No

Please describe the typical feel of your home environment – think of it from a pet’s point-of-view: **(check one or more)**
 Calm/Quiet/Low Traffic Busy/Loud/High Traffic Open Floorplan/Lighter Cozier/Muted Lighting

Pet Information

Do you currently live with other pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have these pets lived with other dogs/cats before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name, Species, Breed of all pets currently living in your home (add attachment if necessary)	Age/ Sex	Spayed/Neutered	Personality	Inside/ Outside
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Inside <input type="checkbox"/> Outside
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Inside <input type="checkbox"/> Outside
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Inside <input type="checkbox"/> Outside

Are these your pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are these pets current on vaccines, rabies vaccination, heartworm-flea/tick prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No
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What other pet(s) have you had in the past (including this species)? How long did you have the pet(s) and why do you no longer have them? If they have passed on, please explain if it was from natural causes or for another reason.

Required References

Current or past name of Vet Clinic *(Please notify your Vet's office that an application has been submitted for adopting an animal from TAA. Give them permission to release general information about you and your pet care history to a TAA representative. In addition, your signature below will also serve as giving your permission to release the aforementioned information (required by some Vets).*

Clinic Name/City/Veterinarian's Name:

Phone:

Client/Guardian Name on file:

Client for how long?

Pets seen there:

I certify that the information I have provided on this form is true and correct. I understand that proper food and veterinary care can be costly and I'm able to meet these needs of the animal and understand I will be responsible for all health problems that may arise. I understand that any false statements constitute denial of the adoption of the animal applied for and if adoption is completed, is grounds of surrender of the animal to TAA.

Signature:

Anti-Discrimination/Anti-Harassment Policy: It is the policy of Terrell Animal Alliance to provide an environment that is free from discrimination and harassment and one that promotes equal opportunity and equitable treatment of ALL species. Any type of harassment or discrimination, including but not limited to, a person or animal's race/breed, religion, color, gender, sexual orientation, size, shape, health or temperament is prohibited.