

## 1818 Tenth Street Wichita Falls TX 76301 940-249-4280

## **Adoption Application**

Date: \_\_\_\_\_

First Name:	Last Name:
Address:	City, State, Zip:
Home Phone: Ce	: Email:
Renting or Own?: Own / Rent Landlord:	Phone:
Why are you considering adopting a pet?:	
Have you previously owned a pet?: Yes / No Do	you still own the pet?: Yes / No
	Number of Pets you currently own?:
Who is your Veterinarian?:	Are your animals Up-to-date on shots?: Yes / No
Do you have children?: Yes / No What are the	r ages?: Any allergies?: Yes / No
Are you planning on declawing your cat? Yes / No	(Note: All cats will be inside 100% of the time and declawing is not recommended. It is cruel.
What percentage of the time will the dog be kept outs	ide? (Note: we do not have 100% outside dogs, they are companion animals)
What type of fencing do you have?: Chain / Privacy	/ Other Height of fencing?: 4 / 6 / Other
Personal References:	
Name:	Phone #:
Name:	Phone #:
Animal(s) interested in adopting?:	Why?:
NOTES TO BE FILLED OUT BY STAFF:	
Fence check results?	
Vet check results?:	
References check:	
Approved by:	Date: