



P O Box 2093
Wichita Falls TX 76307
940-249-4280

Adoption Application

Date: _____

First Name: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell: _____ 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 If not, why don't you still have them?: _____

Number of Pets you currently own?: _____ Pet breed(s): _____

Who is your Veterinarian?: _____ Are your animals Up-to-date on shots?: Yes / No

Do you have children?: Yes / No What are their 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 outside? _____ (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: _____