

Animal Shelter Volunteers of Texas
PO Box 476
Montgomery TX 77356
ADOPTION APPLICATION

ANIMAL NAME & ID # _____

To adopt from ASVT: You must be at least 21 years of age (valid ID required). You must also provide permission from the landlord or family member who owns the residence, if applicable. If younger than 21 and living at home, please have the homeowner complete the application.

APPLICANT INFORMATION

First and Last Name: _____

Address: _____ Apartment #: _____

City, State, ZIP Code: _____

Mobile Phone: _____ Home Phone: _____

Email: _____ TX Driver's License (TX ID) Number: _____

Age or Date of Birth: _____

VETERINARY REFERENCE

Does ASVT have your permission to contact your veterinarian? This is a requirement if you have had pets within the last 5 years. Yes _____ No _____

NOTE: Most veterinarian clinics require verbal permission from the client before information is released. Please call your veterinarian clinic now and give them permission to discuss your pets with ASVT. Failure to call will result in delays in processing your adoption application. Veterinarian's Name(s) and Phone Number(s) (include veterinarians for current pet(s) and any previous pet(s) listed below) _____

APPLICANT'S HOME

ASVT uses online maps and public data to confirm your home's location/ownership. If ASVT is not able to fully confirm your property, do we have your permission to do a home visit? Yes _____ No _____

In what type of home do you live? Apartment Condominium Military Housing Mobile Home Single Family

Do you own or rent your home or live with a family member Own ___ Rent ___ Live with Family Member ___

ASVT requires verbal landlord approval. If you rent or live with a family member, have you received the approval of your landlord or family member to have a pet and paid any deposit required? Yes ___ No ___

If you rent or live with a family member, please enter your landlord/family member's name and phone number _____

ASVT prefers dogs to have a safe place to go outside. Is your yard fenced? No Yard Unfenced Yard Partially Fenced Completely Fenced

What type of fence? Chain Link ___ Invisible ___ Privacy (Wood or Plastic)___ Wood & Wire___ Wrought Iron ___

What is the height of the fence? _____

PO Box 476, Montgomery TX 77356
ASVTexas@gmail.com
www.ASVTexas.org

If no yard, are you able and willing to walk a dog at least 3 times per day? Yes _____ No _____

ASVT will not place pets in homes not suited for their behavior or characteristics. How many people reside in your household? Please provide names and ages of all household members _____

APPLICANT'S CURRENT PET(S)

List your pet(s) name, species (dog/Cat), age and if they are spayed/neutered - please go back at least 5 years. Do not include pets owned by other family members (parents, grandparents, etc)

Name	Type of Animal	Age	Indoor/Outdoor?	Time in Your Care?	Spayed/Neutered
_____	_____	_____	_____	_____	Yes ___ No ___
_____	_____	_____	_____	_____	Yes ___ No ___
_____	_____	_____	_____	_____	Yes ___ No ___

All your current pet(s) are up to date on vaccinations? Yes _____ No _____

All your current pet(s) are on monthly heartworm preventive (Dogs)? Yes _____ No _____

All your current pet(s) are on monthly flea/tick prevention? Yes _____ No _____

All your current pet(s) are microchipped and/or wear ID tags at all times? Yes _____ No _____

All your current cat(s) have tested negative for FeLV/FIV? Yes _____ No _____

ABOUT ADOPTED ANIMAL

Who in the household will care for the pet; for instance take to vet, feed, train? _____

Why are you interested in adopting a pet now? _____

Some pets suffer from anxiety if left alone. On average, during the day, how many hours are you and your household away from your home? _____

Will the adopted animal primarily live (eat, sleep, spend the majority of their time) inside the house or outside?

Inside Only _____ Outside Only _____ Inside and Outside _____

Some pets express anxiety by howling or tearing things up. During the day, when your household is away from home, how will the adopted animal be kept? (ie outside in a safe area or tied up, inside in a safe area, in a crate or have run of the house, etc) _____

Pets need to be part of a family. When your household is home during the day, where will the adopted pet be primarily kept? (ie outside in a safe area or tied up, inside in a safe area, in a crate or have run of the house, etc) _____

At night, where do you plan for the adopted pet to sleep (outside or inside, in a crate or not, in a bedroom or a public part of the home) _____

Pets require care even if you and your household are away from home for longer than a day. When you're on vacation? _____

Rabies vaccines are required by law. Other vaccines help keep your pet from getting life threatening diseases and need to be renewed yearly. You agree to keep the pet up to day on vaccinations: Yes _____ No _____

Dogs get heartworms from mosquito bites. For Dogs You agree to provide monthly heartworm preventative? Yes _____ No _____

Fleas not only bite animals but humans as well. You agree to provide monthly flea/tick preventative? Yes ___ No ___

Most ASVT pets have a microchip inserted when they are spayed or neutered. The microchip's owner contact information must be updated and kept current. In addition to the microchip, all pets will wear ID tags at all times. Yes _____ No _____

Declawing a cat means the front knuckles of their feet are removed. For cats only: Are you planning to declaw your pet? Yes _____ No _____

All pets need training, which requires the owner to be patient and consistent in their commands. Describe how you plan to train the pet not to potty in the house, obey simple commands, etc. _____

PET OWNER RESPONSIBILITY

Having a pet is an ongoing financial obligation. Are you financially able and willing to provide medical care should the pet become ill? Yes ___ No ___

Are you financially able and willing to provide annual checkup and vaccinations? Yes ___ No ___

Are you financially able and willing to provide monthly flea/tick and heartworm preventives? Yes ___ No ___

Pets can live 15 or more years. Are you willing to take responsibility for this pet for its entire life? Yes ___ No ___

ASVT strongly believes advance planning for your pets is very important. Who will become responsible for this pet if you are no longer able to care for it (ie you move, develop allergies, divorce, death)? The person's name and phone number would be appreciated. _____

In the last 5 years, have you or your household dumped, given up or surrendered a pet? If yes, please explain _____

In the last 5 years, have you owned a pet that was Lost, Hit by a Car, Put to Sleep, Given Away or Surrendered? If yes, what were the circumstances? _____

How did you hear about ASVT? _____

Have you ever been convicted of a crime against a person or an animal? Yes _____ No _____

By submitting this form, I certify that the information entered on this form is true and correct to the best of my knowledge. I understand that any misrepresentation of fact may result in a refusal of all adoption privileges. I authorize Animal Shelter Volunteers of Texas (ASVT) to contact all landlords and all veterinarians listed on the application. If my request for adoption is approved and ASVT discovers the above information is not true or correct, I understand that ASVT reserves the right to require the return of the adopted pet. I WILL NOT SURRENDER THIS PET TO AN ANIMAL SHELTER OR ANIMAL CONTROL WITHOUT NOTIFYING ASVT FIRST.

SIGNATURE: _____ DATE: _____

**Animal Shelter Volunteers of Texas (ASVT)
Conditional Adoption Contract**

I, the undersigned Adopter, understand and agree to the following terms of this contract in order to adopt the dog / cat further described within this document. I understand that non-compliance with the terms of this agreement gives the Animal Shelter Volunteers of Texas (ASVT) the right to reclaim this animal without refund of the adoption fee or other compensation. The contract shall remain in effect for the life of the animal, or until the return of the animal to ASVT. **The contract is conditional unless or until the animal is altered.**

Description of Dog / Cat:

Name: _____ Breed: _____ Age _____ DOB: _____

Sex: _____ Spay/Neuter: _____ Color/Description: _____

Animal ID# _____ Microchip Number: _____

Spay/Neuter Surgery Date/Location: _____

Terms and Conditions of the Adoption Contract:

_____ An adoption fee of _____ will be collected from the adopter at the time of adoption. This amount includes / does not include a refundable deposit of _____.

_____ **I agree that I will keep and care for this animal in a safe and humane manner, and as a family pet and companion. The animal will have appropriate food, water, shelter, compassionate treatment and medical care for the duration of its life.**

_____ I agree not to sell or allow the animal to be used for purposes of vivisection, experimentation, dog fighting or any criminal activity that abuses, neglects or injures this animal.

_____ I agree to abide by all state and local animal control and leash laws. I understand it is my responsibility to become familiar with these laws and to license the animal according to all regulations.

_____ I will not permit the animal to run at large or to become a public nuisance. I will keep means of identification on the animal at all times. I will immediately retrieve the animal from any public or private shelter when notified the animal is being held at any such locations. In the event the animal becomes lost, I will make every reasonable effort and attempt to locate and claim the animal.

_____ **I shall inform ASVT if I am no longer able to care for this animal and with sufficient time for ASVT to exercise their retained Right of First Refusal and to reclaim the animal.**

_____ I agree to provide ASVT the name and contact information of a person who has agreed to take responsibility for this pet in the event I can no longer care for it. ASVT agrees to keep this information with the pet's record.

_____ I understand that the information provided to me about this animal may have been received by ASVT from third parties and that ASVT does not warrant the accuracy or correctness of such information.

_____ I understand that ASVT, its volunteers, agents, servants or representatives make no guarantees or warranties regarding the health or temperament of this animal. I agree to be fully and solely responsible for this animal, and for any damages that may result from its actions. ASVT, its directors, officers, volunteers, agents, servants or representatives, shall not be held liable for the behavior of this animal or any damages it may cause.

_____ **If the animal is not altered at the time of release pursuant to the provisions of the Texas Health and Safety Code §828.002, I agree and commit to having the animal sterilized within 30 days from the date of this contract. I further agree to provide proof of sterilization to ASVT within 7 days of such procedure. I**

understand that failure to do so will result in the issuance of a citation for a violation of the Texas Health and Safety Code §828.002.

____ I understand ASVT reserves the right to terminate this contract and I **MUST** return the animal immediately if the animal is not altered within the prescribed time above.

____ I understand that my refundable deposit will be returned after I submit proof of spay/neuter surgery. **Acceptable proof is a copy of the invoice or a certificate of spay/neuter.**

____ I am aware of and will be responsible for providing the (2nd / 3rd) set of puppy/kitten vaccines (DAPPv / Bordetella / FVRCP) on _____ (date) as well as all future vaccinations.

I enter into this contract of my own free will and understand that this is a binding contract enforceable by civil law. I am 21 years of age or older.

Adopter's Signature _____ Date: _____

Adopter's Name: _____ Phone: _____

Address: _____

Email Address: _____

To the best of my knowledge, this companion animal has no defects which make it unsuitable as a family pet and all information contained in this contract is true and correct. I certify that this companion animal has never bitten or injured any human.

ASVT Signature: _____ Date: _____

ASVT Representative: _____

