

# CONVERSE ANIMAL SHELTER, INC.

P.O. BOX 644 ~ 9634 SCHAEFER ROAD

CONVERSE, TX 78109

(210) 658-4821

APPROVED BY

PET'S NAME

## ADOPTION APPLICATION

IMPORTANT: Pet ownership is a serious responsibility. We ask that all persons interested in adopting one of our animals fill out this application prior to the adoption. This application is designed to help us determine if the adoption is in the animal's best interest, and to assist that potential adopter in finding an animal most compatible with his or her lifestyle.

*PLEASE PRINT*

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*DO YOU WANT THIS ANIMAL FOR: \*pick one from each column\**

\_\_\_ Yourself

\_\_\_ Watchdog

\_\_\_ Indoor Pet

\_\_\_ Your Children

\_\_\_ Companion

\_\_\_ Outdoor Pet

\_\_\_ Friend/Relative

\_\_\_ Hunting/Mouser

\_\_\_ Indoor/Outdoor

\_\_\_ Other (please explain) \_\_\_\_\_

\_\_\_ Business/Guard

*WHERE DO YOU LIVE?*

\_\_\_ House

\_\_\_ Apartment

\_\_\_ Mobile Home

\_\_\_ Other (please explain) \_\_\_\_\_

*DO YOU:*

\_\_\_ Own Home

\_\_\_ Live on military base

\_\_\_ Rent

\_\_\_ Live with parents

If you rent, please give landlord's name and number: \_\_\_\_\_

What restrictions does your landlord/manager/military base put on pets? \_\_\_\_\_

*HOW WILL YOU KEEP PET ON PROPERTY?*

\_\_\_ Fence

\_\_\_ Chain

\_\_\_ Leash

Type of Fence \_\_\_\_\_

\_\_\_ Other (explain) \_\_\_\_\_

*ARE YOU MILITARY?* \_\_\_ Yes \_\_\_ No

*IF YOU HAD TO MOVE, WHAT WOULD YOU DO WITH PET?* \_\_\_\_\_

*DOES ANYONE IN HOUSEHOLD HAVE AN ALLERGY TO ANIMALS?* \_\_\_ Yes \_\_\_ No

(OVER)

DO YOU HAVE CHILDREN?  Yes  No If so, what ages: \_\_\_\_\_

WHO WILL BE RESPONSIBLE FOR THIS PET'S CARE? \_\_\_\_\_

HOW MANY HOURS A DAY WILL THE PET BE ALONE? \_\_\_\_\_

HAVE YOU EVER OWNED A PET BEFORE?  Yes  No

If yes, please complete the chart below:

CAT/DOG	BREED	AGE	SEX	NEUTERED/SPAYED (Yes or No)	SITUATION (still have, ran away, died, gave away, sold, stolen, gave to shelter, etc.)
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

WHO IS YOUR VETERINARIAN? \_\_\_\_\_

HOW DO YOU FEEL ABOUT SPAYING/NEUTERING? \_\_\_\_\_

ARE YOU FAMILIAR WITH:

Your City's Animal Ordinances:  Yes  No

Licensing:  Yes  No

Vaccinations:  Yes  No

Leash Laws:  Yes  No

ARE ALL MEMBERS OF YOUR HOUSEHOLD AWARE THAT YOU ARE ACQUIRING A CAT/DOG? \_\_\_\_\_

DO THEY APPROVE? \_\_\_\_\_

**ALL CATS ADOPTED FROM C.A.S.I. MUST BE KEPT INSIDE HOUSE AFTER ADOPTION.**

“I AGREE TO A PRE-ADOPTION OR POST-ADOPTION INSPECTION BY THE MANAGER. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION. I UNDERSTAND THAT C.A.S.I. RESERVES THE RIGHT TO REFUSE ADOPTION AND THAT ALL ADOPTED ANIMALS ARE THE FULL RESPONSIBILITY OF THE NEW OWNER. ONCE THE ANIMAL LEAVES C.A.S.I. THERE ARE NO REFUNDS ON ADOPTIONS.”

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

C.A.S.I. EMPLOYEE: \_\_\_\_\_