

Corinne T. Smith Animal Center
3016 Milam Drive
Brownwood, TX 76801
(325) 646-0617



ADOPTION APPLICATION

ALL ANIMALS WILL BE FIXED (SPAYED OR NEUTERED), MICRO-CHIPPED, GIVEN A RABIES VACCINATION AND ANNUAL VACCINATION, WORMER, AND FLEA TREATMENT BEFORE BEING RELEASED TO YOU. DOGS OVER SIX MONTHS OLD WILL ALSO BE HEARTWORM TESTED. IT IS ALL INCLUDED IN YOUR ADOPTION FEE.

Is this pet a gift for somebody else? No, it is for me and/or my children. Yes, a surprise gift. (Use your information.) Yes, I am paying the fee, but he/she is choosing the pet. (Let gift recipient complete this application.) Other

Today's Date: _____

Applicant's Contact Information (Must be at least 18 years old.)

First Name: _____ Last Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ Zip, State: _____

Home Phone: _____ Alt. Phone: _____

Emergency Contact: _____ Phone: _____

E-Mail Address: _____

Do you own the home where the pet will stay? Yes No, the owner or landlord is: _____

Note: The adoption cannot be completed until we speak to your landlord. Please provide your landlord's information here:

Name: _____ Phone: _____

Applicant's Support Information

Who will be financially responsible for the pet? _____

If you, are you employed? No Yes - Job Title: _____

How many adults will live with the pet, including you? _____ Children? (Ages) _____

Is everyone in the household ready for a pet? No Yes _____

How many hours a day will the animal be alone? _____ How many days a week? _____

Can we visit your home by appointment? Yes No

"I am interested in adopting:"

Cat Dog Rabbit Other

Name and ID# of Animal: _____

To be used for (check all that apply): Guarding Companionship Working Breeding Other _____

Animal Experience

Please list all animals you have owned in the past five years and what happened to them: _____

Please list the age, sex, and species of all cats and dogs in your home now: _____

Are your animals fixed? Yes No, because: _____

Do you have a yard with a fence? No Yes: How tall is your fence? _____ What kind of fence? _____

Do you know what heartworms are? No Yes Are your dogs on heartworm preventative? No Yes

Would you like more information on Heartworm Disease? No Yes

Where will the animal spend the day? Loose Indoors Crate Garage Loose Outdoors Fenced Yard

Tied to a Stationary Object Other _____

Where will the animal spend the night? Loose Indoors Crate Garage Loose Outdoors Fenced Yard

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Would you like more info on: *Crate Training?* No Yes; *Declawing?* No Yes; *Basic Obedience?* No Yes

How will your new pet get its exercise? _____

Name and location of your veterinarian: _____

Read the following statement and sign below, indicating your understanding that:

I understand that even though CTSAC tries to make sure their adoptable animals are healthy, they have no staff veterinarians, and may not know about all of the health issues of the pet I am adopting. I understand that all medical costs and responsibility will be my own once the animal is adopted.

I agree to give my animal a rabies vaccination and boosters each year and monthly (for dogs) heartworm preventative. I will have a collar and current tags on my dog at all times.

I understand that if I choose to declaw my cat that I will keep the cat indoors at all times. A declawed cat cannot defend itself.

I will notify CTSAC of any changes to my name, address, or phone number so my microchip information is up-to-date.

I understand that it is state law that my animal be kept up to date on the rabies vaccine AND is wearing a collar and rabies tag at all times.

I understand that although the adoption fee is non-refundable, I am urged to return my pet to CTSAC if the adoption is not working out.

I have completed this application as honestly and as completely as possible.

Signature: _____ Date: _____

Spay/Neuter Contract

Staff will assist you with this part, if your pet cannot be fixed at the time you complete the adoption because of health issues or because of it's size.

I understand that Texas state law mandates that all animals adopted from shelters MUST be spayed or neutered. I agree to have the spay/neuter done within _____ days. I understand that failure to do so could result in the Corinne T. Smith Animal Center reclaiming the animal in question. I also understand that CTSAC will call me to verify the spay/neuter surgery is done and may ask for verification.

Signature: _____ Date: _____

Office Use Only

Comments: _____

TDL: _____

Approved by: _____

Discounts applied:

Adoption Fee Paid: _____ Cash Check Debit Credit ()

S:N Recheck Date: _____

Microchip Sticker