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Adoption Application Form

*Please print this form out and fill it out entirely. E-mail your completed application to: TexasServiceDogs@gmail.com

Contact Information

Full name: Occupation: Address: How long at this address: Phone: Best time to call: Email address: Age:
Family & Housing
How many adults are there in your family (their relationship to you)?
How many children (ages)?
What type of home do you live in single family, townhome, apartment, farm, etc.?
Please describe your household: Active Noisy Quiet Average
If you rent, please give the rules governing pets and the landlord's name <u>and number:</u>
(by providing this information you are allowing TXSD to contact your landlord please inform them of this call so they will speak with us)
Does anyone in the family have a known allergy to dogs?
Is everyone in agreement with the decision to adopt a dog?
How long have you been searching for a dog to adopt?
Do you have time to provide adequate love and attention?
Do you have the monetary resources to provide proper veterinary care, nutrition, enrichment, required for a dog?

An electronic signature, or e-signature, refers to data in electronic form, which is logically associated with other data in electronic form and which is used by the signatory to sign. This type of signature provides the same legal standing as a handwritten to be the legally binding equivalent of the individual's handwritten signature.



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Other Pets

What other pets do you have (list all pets	s: specify species,	age, breed, and	describe
their personality)?			

Are these pets up to date on vaccines

Are these pets spayed/neutered? If not, why?

Have you ever surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian?

Veterinarian's name:

Clinic Name:

Clinic Address:

Clinic Phone:

(Providing TXSD with this information you are allowing TXSD to call your vet. Please call your vet and ask them to authorize the release of information to TXSD.)

About the Dog You Wish to Adopt

What is your idea of an ideal dog and why?

Desired age: Desired Size:

Desired breed:

Breed you would not adopt:

Desired sex: ___ Spayed Female ___ Neutered Male ___ No preference

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Willing to adopt:outgoing/hyper dogshy dogdog that needs regular medicationdog that needs trainingnone of theseextremely affectionate/ loves attentionother, please explain:			
Where will the dog spend the day? (describe)			
Where will the dog spend the night? (describe)			
Number of hours (average) dog will spend alone?			
What is your weekly schedule like?			
Who will have primary responsibility for this dog's daily care?			
Who will have financial responsibility for this dog?			
Do you agree to provide regular health care by a Licensed Veterinarian?			
Do you agree to visit a Licensed Veterinarian within 2 weeks of adoption?			
Do you agree to keep the dog as an indoor dog?			
When the dog goes out, how do you plan to supervise it? Fenced yard? Explain in detail.			
Do you agree to contact TXSD if you can no longer keep this dog?			
Are you be willing to let a representative of TXSD visit your home by appointment?			
How did you hear about TXSD?			
Would you be interested in fostering?			
Personal References Please list someone who is familiar with both you and your pets.			
Name: Address: Email: Phone: Relationship (relative, neighbor, friend, etc.):			
Name: Address: Email:			

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Pnone: Relationship (relative, neighbor, frier	nd, etc.):	
Initial I understand that pu adoption. TXSD has the right to refus		
All of the information I have given is home as a pet. I will provide it with a shelter, affection, annual physical exsupervision of a licensed Veterinaria hurt the dog for any reason.	quality dog food, plenty of fresh wat kamination and vaccinations under t	er, indoor the
(Signature)	(Printed Name)	(Date)
Please include a photo of yourself, backyard (if you have one).	your family, your animals, your ho	ome and your