LUBBOCK ANIMAL SERVICES ADOPTION APPLICATION

***REQUIREMENTS FOR ADOPTION OF AN ANIMAL**

1. All applicants must be at least 18 years of age.
2. All applicants must provide photo identification.
3. If an applicant rents a house, apartment or mobile home, any pet deposits required by the landlord or property manager must be paid before the application is approved.

***PLEASE PRINT ALL INFORMATION**

Last Name:____________________________________ First Name:______________________________

Street Address:____________________________ Apt:_________ City /State/Zip :_______________________________

Home Phone:(___)________________ Work:(___)________________ Cell:(___)____________________

Alternate Contact:________________________________ Phone: (___)__________________

1. **1**. How may people live in your household? Adults:_____________ Children:_________ Ages:______________

2. Do you: Own your home:____ Rent/Lease:_____ Reside with parents:____ Other_______________________

3. If you rent: landlord/complex name:___________________________________ Phone:(___)___________________

4. If you rent: Are you allowed pets: Yes___ No___ Is a pet deposit required: Yes____ No____

Pet deposit paid: Yes____ No_____ Do you have a receipt showing pet deposit paid: Yes____ No____

5. Do you own pets at this time: Yes____ No____ What type:____

Are all your pets currently vaccinated: Yes____ No____ Are all your pets spayed/neutered: Yes____ No____

6. Who is your veterinarian: Name:_____________________ Clinic address:_____________________________________

7. Do you have a fenced yard: Yes____ No____ Type of fence:_____________________ Height:_____________

8. If adopting a kitten/cat, where will the cat be kept: inside____ outside____ inside & outside_____

9. Please check any of the following reasons you are adopting a pet: Family pet____ Companion____ Hunting___

Guard dog for business____ Child's pet____ Barn Cat/Mouser____ Companion for other pet____

Other (specify)____

10. Since most shelter pets have unknown medical backgrounds, the animal could possibly become sick after this adoption is complete and you take possession of the pet. Are you prepared to take the animal for any necessary medical treatment at your expense? Yes______ No______
If no, explain:____.

Signature:____________________________________ Date:_____________________

Identification:_________________________________ D.O.B.____________________

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Animal Information: ID:_______________ Cage:_________ Description_______________________________________

Staff/Volunteer Initials:______________ Method of payment: cash____ check____ credit/debit card____