



# ADOPTION APPLICATION

HCPH Veterinary Public Health  
612 Canino Rd. Houston, TX 77076  
281-999-3191



We are glad you have come to adopt a new pet from our shelter. The following information is requested so that your adoption counselor can assist you in the selection of a new pet. The consultation process is designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal most compatible with your lifestyle.

**ADOPTION COST: PUPPIES\* - \$80, DOGS - \$50, KITTENS\* - \$35, CATS - \$20**  
**SENIOR CITIZEN (Over 55 yrs)/MILITARY DISCOUNT - PUPPIES & DOGS - 1/2 off regular price**  
**KITTENS & CATS - \$20 \* PUPPIES & KITTENS (Under 6 months of age)**

**WE ACCEPT CASH & ALL MAJOR CREDIT CARDS \*\*\*\* WE DO NOT ACCEPT CHECKS**

ADOPTIONS HOURS: Monday – Friday 1:00pm until 5:30pm  
Saturday 11:00am until 3:30pm

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ Date of birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Apt# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ DAYTIME PHONE: (\_\_\_\_) \_\_\_\_\_  work  pager  cell

TDL#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

How did you hear about our shelter? \_\_\_\_\_

**PLEASE CHECK WHAT BEST DESCRIBES THE PET YOU WANT TO ADOPT:**

**TYPE:**  Puppy  Dog  Kitten  Cat

**SIZE:**  Small  Medium  Large

**HAIR:**  Short  Long

**PERSONALITY:**  Energetic/Active  Lap Dog  Laid Back  Other \_\_\_\_\_

**BREED PREFERENCE:** \_\_\_\_\_

**IF YOU ARE INTERESTED IN ADOPTING A CAT/KITTEN:**

Where will your cat be kept? DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

Do you intend to let your cat go outside?  YES  NO Do you intend to declaw your cat?  YES  NO

**IF YOU ARE INTERESTED IN ADOPTING A DOG/PUPPY:**

Where will your dog be kept? DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

Will your dog have access to a yard?  YES  NO Is it FENCED?  YES  NO

If FENCED, what type / height? \_\_\_\_\_

Will you use a leash when exercising your dog?  YES  NO

Are you familiar with Heartworm Disease?  YES  NO

Please see other side

**Please check any of the following reasons for adopting a pet:**

- Watchdog    Companion    Child's Pet    Barn Cat    Mouser    Hunting    Family Pet  
 Guard Dog for Business    Companion for other pet    Other (specify) \_\_\_\_\_

**Do you own any pets at this time?**    Yes    No   (If yes, please list information below)

Name	Breed/Species	Age	Spayed or Neutered	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you have no pets at this time, but have owned pets in the past 2 years, what happened to them?**

**Who is your veterinarian?**  
\_\_\_\_\_

**In which of the following do you currently live?**    House    Apartment/Town House    Condo    Mobile Home

**Do you own or rent?**    Own    Rent

If you rent, what is your landlord's name? \_\_\_\_\_ Phone # \_\_\_\_\_

**How many people live in your household?** Adults \_\_\_\_\_ Children & ages \_\_\_\_\_

**By signing this adoption application, I understand and/or agree to the following:**

- I will have my new pet examined by a veterinarian within 72 hours of adoption and to follow the rules and regulations set forth by the Harris County Commissioner's Court.
- HCPH-VPH offers a 2 week health guarantee. If my new pet should become ill or die within 2 weeks of adoption, I can return the animal to HCPH-VPH and will be given up to 6 months to select a replacement.
- HCPH-VPH is unable to give refunds or reimburse any expenses incurred as a result of this adoption.
- Sterilization of the animal (spay/neuter) is required under Chapter 828, Health and Safety Code.
  - Sterilization surgery will be performed at HCPH-VPH by licensed veterinarians prior to release of the animal. If the animal is not sterilized at the time of selection by the potential adopter, the animal will remain at HCPH-VPH, the surgery will be scheduled and the animal can be picked up the afternoon/evening of the surgery day, during HCPH-VPH business hours.
  - Adopted animals MUST be picked up by close of business of the day following the date of surgery or the adoption will be forfeited.

**If you choose a pet to adopt, would you like to have him or her microchipped for an additional \$15?**

- Yes    No

**Adopter's signature:** \_\_\_\_\_

**STAFF USE ONLY**

Adoption counselor: \_\_\_\_\_   APPROVED   DENIED   PENDING

If denied or pending, WHY? \_\_\_\_\_

Does landlord allow pets? \_\_\_\_\_ Size limit? \_\_\_\_\_ Approved? \_\_\_\_\_

Animal on hold: AID#: \_\_\_\_\_ TENTATIVE SURGERY DATE: \_\_\_\_\_

Notes: \_\_\_\_\_