

# PET ADOPTION APPLICATION

**Bandera County Shelter/Saving Shelter Strays, Inc.**

502 Eleventh Street, Bandera 78003

[animalcontrol@banderacounty.org](mailto:animalcontrol@banderacounty.org) or [savingshelterstrays@gmail.com](mailto:savingshelterstrays@gmail.com)

Phone 858.361.4686 Fax 830.796.8218

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Name of pet you are applying for: \_\_\_\_\_

2. Do you want this pet for: COMPANION PROTECTION GIFT  
OTHER \_\_\_\_\_

3 This pet will be without human companionship for about \_\_\_\_\_ hours  
per day, \_\_\_\_\_ days per week.

4. Where will your pet be kept during the day? (circle all that apply)  
INDOORS OUTDOORS DOG PEN CRATE BASEMENT GARAGE  
OTHER \_\_\_\_\_

During the night? INDOORS OUTDOORS DOG PEN CRATE BASEMENT  
GARAGE OTHER \_\_\_\_\_

5. Where do you live? HOUSE APARTMENT TOWNHOUSE OTHER \_\_\_\_\_  
\_\_\_\_\_ I RENT \_\_\_\_\_ I OWN \_\_\_\_\_ WITH MY PARENTS

Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Does your landlord allow pets? YES NO DON'T KNOW  
Deposit required? \_\_\_\_\_ Monthly rent increase? \_\_\_\_\_

7. Do you have a fenced yard? YES NO  
If fenced, please describe the height and type: \_\_\_\_\_

8. Please provide the following information about your household:  
Number of adults: \_\_\_\_\_  
Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

9. What will you do with your pets if you move in the future: \_\_\_\_\_

\_\_\_\_\_

10. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your pet? \_\_\_\_\_
11. Would you be willing to allow us to visit your home before the adoption is completed? \_\_\_\_\_
12. Have you ever given a pet up? Why? \_\_\_\_\_
13. What type(s) of pets do you own or have owned in the last 10 years?

Name	Type/Breed	Kept Where	Age	Neutered	Sex	Still Own?
				YES NO		YES NO
				YES NO		YES NO
				YES NO		YES NO

14. Who is (was) your veterinarian for the above animals?  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

15. Who is the veterinarian that you plan to use for your new pet?  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

16. Do you realize that a dog or cat may live 15 or more years? YES NO

17. It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? YES NO

18. How do you plan to exercise your dog? \_\_\_\_\_  
 \_\_\_\_\_

19. How do you plan to house train your dog? \_\_\_\_\_  
 \_\_\_\_\_

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet from All 4 Paws Rescue, Inc. I authorize investigation of all statements on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications may be faxed back to: 830.796.8218 Or completed applications may be emailed to: [animalcontrol@banderacounty.org](mailto:animalcontrol@banderacounty.org) or [savingshelterstays@gmail.com](mailto:savingshelterstays@gmail.com)**