

It is the goal of Tyler Animal Care Services and its employees to place our dogs and cats in homes that appear to be best suited to their needs socially and physically, and to assure that everyone in your household will be pleased with the animal being adopted. Thank you for taking the time to answer these questions. Please allow our staff the necessary time to process your adoption application.

Here are a few things to consider when choosing to adopt:

Do I have the time, money	y, and energy to take or	n a dog or cat at this	ime?	
Am I willing to make a lif	etime commitment?			
Am I willing to be patient my home?	and commit to training	g while the new dog,	puppy, cat or kitten is adj	usting to
Is this the right time to bri	ng a new animal into r	my home?		
Are you aware that the ave	erage cost of care for a	dog or cat is around	\$1000 per year, including	g vaccines,
food, grooming, boarding,	, medical care and supp	plies? Yes No_		
Today's Date/Time	You	ır Name		
Which dog or cat are you Have you ever owned this				
Physical Address:				
City:	State:	Zip:		
Mailing Address if differe	nt from physical:			
City:	State:	Zip:		
Telephone# Home:	Mo	bile:	Work:	
Email Address:				

Age: Over 18? Yes___No___



Do you live in a/an? (Check one): Apartment Duplex Townhouse
Mobile Home Single Family Home Other
Do you OWN or RENT or OTHER (please explain)
If you rent, Name and Number of Landlord or Apartment Management:
Are you allowed to have a dog or cat at your residence? Yes No
Does your park, condo, apartment or homeowners association have any breed, size or other restrictions? Yes No
If so, what are they?
How long have you lived at your present address?
Please list the ages of any children in the home:
Is anyone in your household allergic to dogs or cats?
Why do you want to own a dog or cat?
Is anyone in your household opposed to adopting a dog/puppy or cat/kitten? Yes No If yes, please explain:
Are you willing to allow us to do a home visit before and/or after the adoption?



Provide the names and descriptions of all current household pets:

Pets Name	Breed	Male/Female	Age	Spayed / Neutered	Length Owned	Currently Vaccinated
		ve have any medi				
Who will be yo	ur veterinaria	n/clinic?				
	-	physical state of oing ears, etc.) Ye		• •	han for medic	ally necessary
Please explain v	why:					
Where will the	dog or cat be	when you have fr	riends/family	over?		



Questions for potential Dog adopters:

Do you have a fenced yard? YesNo Will you crate train your dog?
Where will you keep your dog when you are not home?
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How many hours per day will the dog be alone?
How do you plan to exercise your dog?
How do you plan to discipline your dog?
Is there anything else you would like us to know about your household?
Please sign here as an acknowledgement that you have completed this application truthfully and accurate to the best of your knowledge.
Signature Date
We want every adoption to be successful and every adopter to be happy with her or his choice. We reserve the right to refuse an adoption to anyone for any reason. Please feel free to ask any questions or share any thoughts or concerns that you might have.