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Home Environment

Number of People regularly in your home:

Number of Adults in Household:

Ages of Adults: Example: 4, 6, 24, 58

Is anyone allergic to Cats or Dogs in your household?

☐

Yes

☐

No

Number of Children in Household:

Ages of Children:

If so are they allergic to dogs or cats?

Who will be responsible for the animal?

Who will be responsible for the animal?

Name of current Veterinarian or Clinic

Current Pets in Household:

Do you currently have any dogs, if so how many?

Do you currently have any cats, if so how many?

Do they get along with other animals?

Are all animals up to date on their shots?

☐

Yes

☐

No

☐

Yes

☐

No

☐

Yes

☐

No

Are you familiar with the leash/licensing in your community?

Are you familiar with Heartworm Disease?

Please Tell us how you heard about us?

☐

Facebook

☐

Friends/Family

☐

City website

☐

other

Please read the following terms and conditions of the Adoption application

I certify that the information entered above is true and that false information may result in nullifying this adoption.

I authorize my veterinarian to release my veterinary records on my personal pets to *City of Mission Animal Control*.

I agree to a home inspection to ensure a safe and sanitary environment for this adoption or fostering of a pet and to abide by all City of Mission Animal Control Ordinances Chapter 14.

I authorize *City of Mission Animal Control of Texas* to contact me by phone, email or in person at the information released in this application.

I agree to pay the adoption fee, as required. I understand that the *MAS Mission Animal Shelter fees* are applied to defray the costs of medical care and boarding for our adoptable dogs and cats. 100% of donations and adoption fees go towards the well-being and adoption of animals in our care.

I agree to all provisions of the *City of Mission Animal Control* contract. I acknowledge that if I break the contract terms - I may be subject to criminal and civil prosecution.

I agree to inherit all responsibility associated with the adoption of the pet inclusive of veterinary care, rehoming and other services that may be required for the animal. The pet is now microchipped, and Abandonment is a crime and will not be tolerated.

I Agree to comply with Chapter 828 of the Health and Safety code, which requires mandatory sterilization by the said date. (A violation of this chapter is a criminal offense punishable as a Class C misdemeanor)

Indemnity: That releasors agrees to indemnify and hold releases harmless for all bodily injury, personal injury, illness, amputation, scarring, death, property damage or other losses, including attorney fees and cost of litigations, that are incurred by or result to any other person or entity because of the negligence or liability of releasors. This includes lone acts or omissions by the adopters as well as the combined acts if the adopter with others, including but not limited to releasors or releasees.

I understand that any accompanying medical records provided, is information Mission animal shelter staff have made about this animal(s), at this time. The information provided here does not necessarily encompass every aspect of the animal's health or behavior, nor does it imply any guarantee of the future health or behavior.

Adoption Fee \$50

Signature of Responsible Party

Print of Responsible Party

Date _____

Approved by: Adoption coordinator

Reviewed by