



# Hill Country SPCA Dog Adoption Application

2981 South Hwy. 16  
Fredericksburg, TX 78624  
Phone(830)990-9085 Fax(830)990-9080  
Email: Info@hillcountryspca.com

Applications can be submitted in person, mailed to the shelter, faxed, or e-mailed.

IN ORDER TO BE CONSIDERED AS AN ADOPTER, YOU MUST:

- ❖ Fill out application completely, no questions should be left blank
- ❖ Be 20 years of age or older (If you live at home, we still need parents approval)
- ❖ Have photo identification showing your present address.
- ❖ Have the knowledge and consent of your landlord.
- ❖ May be required to provide proof of homeownership(Deed, Mortgage, Property Tax are just some examples)
- ❖ Be willing and able to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.

What animal(s) are you interested in: \_\_\_\_\_

## The Basics...

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse, Significant Other, or Co-Applicant Name: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place of employment: \_\_\_\_\_

How did you hear about the HCSPCA: \_\_\_\_\_

(Ex. Local, Drive-By, Facebook, Website, Petfinder, Etc.)

## Help us get to know you...

Why are you looking to adopt a new pet? *Feel free to check more than one!!*

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Watchdog                | <input type="checkbox"/> Companion  |
| <input type="checkbox"/> Companion               | <input type="checkbox"/> Hunting    |
| <input type="checkbox"/> Breeding                | <input type="checkbox"/> Childs Pet |
| <input type="checkbox"/> Companion for other pet | <input type="checkbox"/> Family pet |
| <input type="checkbox"/> Other (specify): _____  | <input type="checkbox"/> Gift       |

If this animal is a gift, who is it for? \_\_\_\_\_

Have you adopted from the HCSPCA before? \_\_\_\_\_ If So, When? \_\_\_\_\_

Have you applied with us before? \_\_\_\_\_ If So, when and what was the outcome? \_\_\_\_\_

Are you currently in the military?     Yes             No

If yes, where will your pet go in case you deploy? \_\_\_\_\_

What is the activity level of your household?     Quiet                     Active                     Very Active

How many people live in your household?: \_\_\_\_\_

*Help us get to know you... (Cont.)*

Please list ages and relationships of the adults and children living in home (i.e Grandmother, Child, Roommate. Please note if any have special mobility issues, like unsteady on feet, use a walker/crutches/cane, in a wheelchair, etc.)

Do you have children that will be visiting your home? \_\_\_\_\_ If So, How old? \_\_\_\_\_

Who will be the primary caretaker of this pet: \_\_\_\_\_

Is anyone in your house allergic to:

- Dogs
  - Cats
  - Dust/Dander
- If so, Who? \_\_\_\_\_

Is this your first experience with a pet? \_\_\_\_\_

How long ago did you last own an animal? \_\_\_\_\_  Currently Own

*What does home look like now?*

Do you currently live in a: *House* *Apartment* *Condo* *Mobile Home* *RV* *Duplex*

Do you:

- Own your home
- Rent
- Live with relative(s)
- Rent from relative(s)
- Live on property owned by relative(s)
- Other: \_\_\_\_\_

What is the landlord or relatives' name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you been at your current address: \_\_\_\_\_

How long will you, on average, be away from this pet daily: \_\_\_\_\_

Are you willing to have a home visit?  Yes  No

Do you have a fenced yard?  Yes  No

What type of fence do you have:

- None
- Chain Link
- Cattle Panel
- Other: \_\_\_\_\_
- Wood Privacy
- Barb Wire
- Perimeter fencing

About how much area does your fence enclose? \_\_\_\_\_

Please explain how you plan on exercising this dog. (What activities, for how long, how often, be realistic): \_\_\_\_\_

Do you have a dog door?  Yes  No

How many pets do **you** own at the present time? Dogs \_\_\_\_\_ Cats \_\_\_\_\_

*\*Please do not list animals you do not personally own*

Name	Age	Breed	Spayed/ Neutered?	Where Kept? (Ex. Inside, Outside, Garage, Yard)	How long have you owned him/her?

*What does home look like?(Cont.)*

Where will this dog be kept during the day, as an adult? \_\_\_\_\_

Where will this dog be kept at night, as an adult? \_\_\_\_\_

Where will this dog sleep, as an adult? \_\_\_\_\_

How long will this dog spend outside during the day? \_\_\_\_\_

When outdoors, will the dog be:

o Free to roam in unfenced area                      o Free to roam in fenced yard

o Tied/chained in unfenced area                      o Tied/ chained in fenced yard

o Leashed in unfenced area (with owner present)

*The Past, Present, Future...*

What will you do with the pet if you have to move, are you able to put the required effort and time into finding a new home that allows pets: \_\_\_\_\_

Have you house trained a dog before?                      o Yes                      o No

How do you plan to house train and how long do you expect it to take? \_\_\_\_\_

\_\_\_\_\_

What will you do if your dog scratches or chews on furniture, or displays destructive behavior? \_\_\_\_\_

\_\_\_\_\_

Do you plan to take your pet to obedience training? \_\_\_\_\_ If So, Where? \_\_\_\_\_

What type of behavior are you **not** prepared to tolerate or work with from a new dog?

o Barking      o Biting      o Chewing      o Destructiveness      o Jumping      o Digging

o Too rough with Children      o Fleas/Ticks      o House training difficulty      o Other: \_\_\_\_\_

Please list the dogs or cats have **you** owned, even temporarily, in the last five years.

*\*Please do not list animals you did not personally own\**

Name	Age	Breed	Spayed/ Neutered?	Alive/ Deceased?	What Happened?	Last year in your possession?

If you have not had any animals in the past 5 years, please explain why not? \_\_\_\_\_

\_\_\_\_\_

Do you or your family anticipate any major lifestyle changes during the upcoming years? (Example: retirement, Extensive travel, new baby, moving, new job, schedule change, etc.) \_\_\_\_\_

\_\_\_\_\_

In case of hospitalization, emergency or death, will you have care for your pet?                      o Yes                      o No

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

Contact Number: \_\_\_\_\_

*Veterinary Information...*

Are you familiar with heartworm disease?	<input type="radio"/> Yes	<input type="radio"/> No
Are all of your animals current on heartworm preventatives?	<input type="radio"/> Yes	<input type="radio"/> No
What brand of heartworm prevention do you use? _____		<input type="radio"/> None
What brand of flea prevention do you use? _____		
Are your animals current on vaccinations?	<input type="radio"/> Yes	<input type="radio"/> No
How much do you plan on spending on this pet per year? _____		
Who are your current/past Veterinarians? (please list any/all you have used)		
Veterinary Clinic: _____ Phone: _____ Years Used: _____		
Veterinary Clinic: _____ Phone: _____ Years Used: _____		
Please list the <u>OWNERS</u> name the veterinary records will be under: _____		

*Please make sure all information provided on this application is accurate,  
as changes will not be accepted after submission.*

In signing below I understand the following statements:

- ❖ I realize filling out this form does not guarantee adoption.
- ❖ The Hill Country SPCA reserves the right to refuse adoption to anyone without explanation.
- ❖ No animals will be adopted to prospective owners who mislead or fail to provide accurate information on the adoption application.
- ❖ The Hill Country SPCA reserves the right to verify any information provided on this application.
- ❖ A home visit or fence inspection may be required before adoption.

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



# Hill Country SPCA

Fax: (830)990-9080

## Authorization to Release Veterinary Records

Please Fax the records requested below as soon as possible

### Owner Information

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

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

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

Phone: \_\_\_\_\_

### Please include copies of

- Vaccination Records
- Blood Work/Heartworm Testing
- Exam Reports
- Medication Prescribed
- Surgery Reports
- Preventatives Purchased

I hereby request and authorize this veterinarian to release the requested medical information for any pet(s) I have owned or brought into the clinic in the last 5 years. I release the veterinarian and staff from any legal responsibility or liability for the release of information to the Hill Country SPCA. This authorization expires 90 days from the date of signature. I understand I may revoke this authorization, but the revocation may not be applied retroactively once the information specified herein has been released.

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