San Jacinto County Animal Shelter

Adoption and Foster Application

5480 FM 2025, Coldspring, TX 77331

Animal Name: _____

I am applying to foster/adopt the animal above for the purpose of:

[ ] Foster
[ ] Adopt a house pet
[ ] Adopt a livestock guardian
[ ] Adopt a hobby farm dog

Please describe what characteristics you are looking for in a pet:

Size:	[ ] small	[ ] medium	[ ] large	[ ] not important/not applicable
Activity level:	[ ] low	[ ] medium	[ ] high	[ ] not important/not applicable
Age:	[ ] young	[ ] adult	[ ] senior	[ ] not important

Other (please describe):

Are you willing to let us do a home check? [ ] No [ ] Yes

Contact/Personal Information:

First Name: _____ Last name: _____

Physical Address: _____ City: _____ ST: ___ Zip: _____

Mailing Address: _____ City: _____ ST: ___ Zip: _____

Primary Phone: _____ Cell Phone: _____

Work Phone: _____ Occupation: _____

Email: _____ Date of birth: _____

(Complete other side)

Pet Care:

Will a spouse or domestic partner share the responsibility of caring for the pet? [ ] No [ ] Yes

What pets do you currently own? _____ [ ] None

If none, have you owned a **dog/cat/other** in the last 5 years? [ ] No [ ] Yes
circle all that apply

Veterinarian Name: _____ Phone: _____

Household Information:

House type: [ ] Apartment/Condo [ ] Manufactured/mobile/traditional home

Do you have a fenced yard? [ ] No [ ] Yes

If yes what type of fence and what height? _____

How long have you lived at your current address? _____

Is anyone in the household allergic to animals? [ ] No [ ] Yes

Do you have children? [ ] No [ ] Yes how many and what ages? _____

Do children frequently visit your home? [ ] No [ ] Yes what age range? _____

How many hours a day will the pet be left alone? _____

Where will the pet stay when you are away from home? _____

Where will the dog sleep? _____

Where will the dog stay when you are on vacation? _____

What will you do with the dog if you move? _____

In the box below please describe what training method(s) you will use:

Personal References: (only one reference can be a family member)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature: _____ **Date:** _____