

STAFF USE ONLY:

Hold #:

Hold Until (date/time):

Dog Introduction (date/time):

## **ADOPTION APPLICATION**

## Meet Your Match

sible for any expenses or damages that are incurred on behalf of this animal.

Signature \_\_

Name			Driver's License No		
Address —		Number of adults in house			
City	StateZip		Number of children	Number of children Age(s)	
Phone (Day)	(Evening)		Place of employment		
E-mail			Want us to e-mail you?		
Have you previously	y adopted from Austin Hun	nane Society or A	Austin Animal Center?		
Are you a homeow	ner or renter?				
Are you the owner	of the home or is your nam	e on the lease? _			
Please tell us about	your pets:				
Name:	me: Breed:			Age:	
Name:		Breed:		Age:	
Name: Breed:		Breed:		Age:	
It is important to m	ne that my animal:				
Dog Only Section			Cat Only Section		
How long will your dog spend outside during the day?			How do you plan to prevent your cat from scratching the furniture?		
How long will your dog be alone each day?			-		
Please circle items y	ou would like more inform	ation on:			
Preventing Accidents for		Resident Pets	Scratching Prevention	Positive Reinforcement Dog Training	
Introducing My Animal t	o Children Housetraining		Crate Training		
financial challenges the Healthcare technician disease or infection, wellness exam from a	that new pet owners face. Up ns. During their stay at AHS, the while showing no signs or syr any one of our vet partners wi	oon arrival to the A ey are continuously nptoms of illness. ithin 7-10 days of a	Austin Humane Society, all pets a y monitored: however, there is all For this reason, we require that adoption. At the time of adoptio	seen medical issues are just a few of the are thoroughly examined by our Animal ways the possibly that a pet is incubating adopters take their pet to get their free in, the adopter assumes all responsibility its agents, servants, or employees responsibility	

\_\_ Date \_\_