



WHARTON COUNTY STRAY PET OUTREACH TEAM

P. O. Box 584, Wharton, TX 77488, Ph #979-253-3446

wcspot@hotmail.com

www.wcspot.org

Date/Event _____

Fee Paid: _____ Cash/Ck Number: _____

Adopted: dog puppy cat kitten

Animal's Name: _____

Age: _____ Breed: _____

Female/Male Color: _____

Fostered by: _____

Animal's NEW Name: _____

Adoption Application

Name: _____

Street: _____ City: _____ State _____ ZIP: _____

Mailing Address: _____

Home phone: _____ Cell Phone: _____

Employer: _____ Work phone: _____

E-mail Address: _____

State/Driver's License# _____

Type of residence: ___ Own ___ Rent : ___ House ___ Town home ___ Apartment ___ Duplex

Landlord's name/phone (if applicable): _____

I have a fenced yard suitable for containing a dog: _____ Yes _____ No

If no fencing, how will you contain and protect your dog? _____

Type of companion animal you are interested in adopting:

___ Puppy ___ Adult Dog(Small) ___ Adult Dog (Medium) ___ Adult Dog (Large) ___ Kitten ___ Adult Cat

Please specify name of animal desired if from our foster program _____

****How did you hear about this animal?** ___ S.P.O.T. Event ___ S.P.O.T. Newsletter ___ Friend

___ S.P.O.T. Facebook ___ S.P.O.T. website ___ Adopt-A-Pet site ___ Pet Finder site

___ PetCo Store ___ Newspaper Article. OTHER, please specify: _____

Please provide your current Veterinarian's information:

Name: _____

Address: _____

Phone: _____ Fax: _____

Authorization for Verbal Release of Protected Health Information: I hereby give my permission to my veterinarian(s) listed above to disclose information about appointments, regular veterinary services, and information regarding his/her knowledge as to how I/we treat and tend any animals in my/our care.

Legal Signature: _____

Number of People in household: Total _____

Number of Adults: _____ Number of Children: _____ Ages of Children: _____

Children under the age of six years old will not be left unattended at any time with this animal. _____

(Initials)

Why are you interested in adopting a companion animal? Please check all that apply:

_____ Companion for Self _____ Companion for family _____ Companion for Child _____ Protection

_____ Companion for Other Pet _____ Replaces Deceased Pet

I verify that this will be a **companion** animal, and will not be a "yard dog." _____ (Initials)

Is this your first Pet? _____ Yes _____ No. Previous types of pets: _____

Do you currently have other pets? _____ Yes _____ No

If yes, please list current pets and how long you have had them:

What neutral area do you have in which to introduce the new pet(s) to current animals in your household?

Please provide at least three references and their current phone numbers (not family members):

Name

Phone Number/Email

Relationship

I give my permission for S.P.O.T. Representatives to contact any References and Veterinarians listed above.

I certify that the information I have provided is accurate and honest.

I certify that all companion animals in my care are and will be routinely kept current on all vaccinations.

If I fail to provide the booster series or spay/neuter for this animal, he/she will revert back to S.P.O.T.

I certify that I have never been charged with or convicted of animal cruelty in any form.

I understand if Animal Control Services are summoned to my residence, the animal returns to S.P.O.T.

I understand if Animal Control Services pick up this animal, the animal returns to S.P.O.T.

I understand if the animal is allowed to run loose and is rescued again, the animal returns to S.P.O.T.

I understand that any report of abuse or neglect nullifies this adoption, and the animal returns to S.P.O.T.

I understand there is no guarantee regarding the health/disposition of any animal adopted through S.P.O.T.

I understand that my adoption donation is a tax-deductible donation given to further the work of S.P.O.T. and, as a donation, is therefore non-refundable.

Signature: _____

Date: _____

Wharton County S.P.O.T.

P.O. Box 584

Wharton, TX 77488