

For Office Use Only:  
 Control # \_\_\_\_\_  
 Breed \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Altered  YES  NO



For Office Use Only:  
 Approved  
 Disapproved  
 Initials \_\_\_\_\_  
 Date \_\_\_\_\_

**Adoption Form**

Applicant's Name \_\_\_\_\_ Address (No P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

In what type of housing do you reside?  Apt/Condo  House  Other Do you rent this property?  YES  NO

If you rent: Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you plan on moving in the next 12 months?  YES  NO

If yes, what do you plan to do with the animal? \_\_\_\_\_

Why do you want to adopt this pet?  companion for child  companion for other dog  companion for self  
 security  house pet  working dog/mouse chaser  breeding  other

If other, please explain \_\_\_\_\_

Is this pet a gift for someone?  YES  NO If yes, who? \_\_\_\_\_

Have you previously owned pets?  YES  NO

List all current animals and animals you have had in the last 10 years. If more, please write on back or in an email.

Name	Breed	Sex	Spayed/Neutered?	Current on Vaccinations?	Do you still own it? If not, why?

List all veterinarians you have taken your pets to in the last 10 years and the veterinarian that you plan on using for this pet.

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

If more space is needed, please write on back or write it in the email you attach this form to.

Do you grant permission to FDRA to contact your vet(s)?  YES  NO

**Friends of Del Rio Animals**  
**SHARE YOUR LOVE...ADOPT A PET!**  
 PO Box 422072, Del Rio, TX 78842  
 (830) 734-0500 [intake@friendsofdra.org](mailto:intake@friendsofdra.org)

Are there any children in your household or children who visit frequently? YES NO

If yes, what are their ages? \_\_\_\_\_

In general, what types of discipline/corrections do you use with a pet? \_\_\_\_\_

\_\_\_\_\_

Will you be using a crate for the purpose of training? YES NO

Do you have a fence? YES NO If yes, how high? \_\_\_\_\_ What material(s)? \_\_\_\_\_

What **percentage** of time will this pet spend: Indoors? \_\_\_\_\_ Outdoors? \_\_\_\_\_

When this pet is outdoors, how will he/she be kept? (fence, chain, line, kennel, etc.) \_\_\_\_\_

In general, how many hours will this pet be left alone during the day? (at work, errands, etc.) \_\_\_\_\_

Where will this pet be kept while you are away from home during the day? (crate, yard, bedroom, garage, etc.) \_\_\_\_\_

Where will this pet be kept while you are out of town? \_\_\_\_\_

Are you willing to provide your pet with monthly heartworm prevention medicine at your own expense? YES NO

Are you willing to provide your pet with yearly vaccinations at your own expense? YES NO

Who will be financially responsible for all medical costs? \_\_\_\_\_

List any characteristics of an animal that would NOT fit with your family or lifestyle. \_\_\_\_\_

\_\_\_\_\_

Please provide two personal references Name \_\_\_\_\_ Phone \_\_\_\_\_

**NOT** related to you:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please include any information you would like for us to consider when reviewing your adoption application for approval.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which pet(s) are you considering? \_\_\_\_\_

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