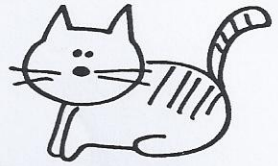




ADOPTION APPLICATION



P.A.L.S.

1101 NAVIGATION BLVD. CORPUS CHRISTI, TX 78407

(361) 884-0366

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____ WORK _____

TDL# _____ EMAIL ADDRESS: _____

PLEASE PROVIDE THREE (3) REFERENCES:

1. NAME _____ PHONE _____

2. NAME _____ PHONE _____

3. NAME _____ PHONE _____

WHO IS YOUR VETERINARIAN? _____

ADDRESS _____ PHONE _____

DO YOU HAVE OTHER ANIMALS IN YOUR HOME: Yes No HOW MANY? _____

ARE YOU FAMILIAR WITH HEARTWORMS? Yes No

IF SO, ARE YOU USING HEARTWORM PREVENTATIVE? Yes No

ARE YOU'RE PETS UP TO DATE ON THEIR VACCINATIONS? Yes No

ARE THEY SPAYED / NEUTERED? Yes No

DO YOU LIVE IN A: HOUSE APARTMENT TOWNHOME FARM PROPERTY

IF YOU RENT A HOME, APT OR TOWNHOME, WHAT IS YOUR LANDLORDS CONTACT INFORMATION?

NAME _____ PHONE _____

WILL THE PET BE LIVING INDOORS, OUTDOORS OR BOTH? _____

DO YOU HAVE A FENCED YARD? Yes No

WHAT TYPE OF EXERCISE WILL YOU PROVIDE YOUR PET? _____

I understand that the pet I am about to adopt will be spayed/neutered before it leaves P.A.L.S. unless other arrangements have been made. I understand that in the event the adopted animal is harboring a serious undisclosed illness, it may be replaced within one week of adoption at no additional expense. I also understand that no cash refunds will be given.

Signature _____ Date _____