



City Of Madisonville Animal Control

Adoption Application

308 W Cottonwood
Madisonville, TX 77864
kaylie.smith@madisonvillepd.net | (936) 348-3317

Name of pet(s) you are interested in adopting:

Dog Cat

Breed

Personal Information:

Name _____

Address _____

City, State, Zip: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email Address: _____

How long have you lived at your current address? Years _____ Months _____

Do you rent or own? Rent Own

If you rent, provide Landlord name, address and phone:

Do you have permission from your landlord to get a dog/cat? Yes No

Are you aware of pet deposit and monthly fees (if any) required? Yes No

Do you have a fenced yard? Yes No

Type of Fence and height: _____

If you do not have a fence are you prepared to walk your dog multiple times daily in spite of weather conditions (cold, hot, rain, snow, etc.)? Yes No (only applicable for dog adoptions)

Will the dog/cat be inside or outside? If outside, what type of shelter will be provided against weather conditions?

What is your family's lifestyle like? Active and on the go Quiet and relaxed
 Entertain frequently Lots of kids in and out Travel frequently

Do you have children? Yes No

If you have children, please list name(s) and age(s):

Name	Age

Current Pet Information

Please provide the following information about your current pets:

Name	Breed	Age	Spayed/Neutered	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Current Vet Name: _____
 Practice Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

Signature of Adopter: _____

Date: _____

Signature of Animal Control: _____

Date: _____

Police Chief: _____

Date: _____

Agreements for Adoption:

I will keep my dog on a regular routine of heartworm preventative.

I will provide flea/tick control as needed.

I will be solely responsible for all vet appointments/bills after this point, with the exception of spay/neuter at our Veterinarian for animals adopted out while still intact.

Any illness that manifests after adoption will be my sole responsibility to treat unless otherwise stated.

I will work with my vet and agree on a regular schedule for wellness visits, inoculations, and any other tests we agree are necessary for the health and well-being of my dog/cat.

Signature:

Date:

Printed Name:

Thank you for your interest in our pets!