Name of Requested Pet: _____ Date: _____

Name: _____

Address: _____

City: _____

St. _____

Phone: _____

Driver's License #: _____

WOODLANDS
ANIMAL RESCUE

Have you ever owned pets? Yes No

If yes, please list breeds and ages: _____

If you no longer own the above-listed pets, please state why you no longer own the pets:

What heartworm prevention medication do you use? _____

Do you have a fenced yard? Yes No

Name of vet clinic: _____ Phone #: _____

May we request information from your vet? Yes No

Preferred dog breed and size: _____

Do you agree to contact Woodlands Animal
Rescue within 24 hours if your pet escapes? Yes No

If adopting a puppy, I agree to schedule and keep an appointment on _____ to spay/neuter him/her.

I consent to allow a home visit within 1-2 weeks of adoption.
weeks of adoption. Yes No

By submitting this application, Adopter agrees that Woodlands Animal Rescue may seize the pet if left unattended, neglected, or in any other unsatisfactory shelter pursuant to Section 821 of the Texas Health & Safety Code.
I certify that the above information is true understand that any false information may result in denial of this application.
Applications are approved at the discretion of Woodlands Animal Rescue.

References: (Please include full name and phone number)

1.
2. _____
3. _____

Signature: