



Bryan Animal Center

2207 Finfeather Rd., Bryan, TX 77801

Phone: (979) 209-5260 Fax: (979) 209-5265

Adoption Questionnaire

Thank you for considering adoption!

TO BE CONSIDERED A POTENTIAL ADOPTER, WE ASK THAT YOU:

- Be 18 years of age or older.
- Have valid State or U.S. identification.
- Complete this form in its entirety.
- Have the knowledge and consent of your landlord.
- Be able and willing to spend the time and money necessary to provide vaccinations, medical treatment, training, and proper care for a pet.
- Not have had an animal who has died of a contagious disease within the last six weeks or six months in the case of Parvo virus & puppy adoption.
- Not be adopting an animal for a surprise gift (parental consent considered).
- Be willing to undergo and consent to a background check.
- Be willing to undergo and consent to a home inspection.
- Not use or plan to use the animal in a cruel or inhumane manner, including fighting.
- Abide by State statutes and local ordinances regarding animals.
- Pay the adoption fees.
- Spay/neuter the animal, if it has not already been completed, within thirty (30) days of adoption.
- Provide proof of rabies vaccine for the adopted animal, if it has not already been completed, within thirty (30) days of adoption.
- Provide the animal with the care necessary to give it the best chance at a happy and healthy life; this care includes annual exams, vaccinations, dental care, and additional veterinary care in the event of illness or injury.
- Agree the City of Bryan is not responsible for veterinarian bills/medication/etc. that occur after this adoption.
- Agree animals can cause damage and the City of Bryan is not responsible for damage caused by adopted animals.
- Agree that adopted animals may be returned within three weeks of their adoption date, should the adoption not work out. Adoption fees are non-refundable. Returns after 3 weeks are subject to available space and additional fees may apply.

**INITIAL IF YOU MEET THE ABOVE QUALIFICATIONS
AND AGREE TO THE REQUIREMENTS AND TERMS.
IF SO, COMPLETE THE FOLLOWING:**

Applicant Current Information:

Full Name:					
Physical Address	Street:				
City:					
State:		Zip:		County:	
Mailing Address	Street:				
City:					
State:		Zip:		County:	
Cell Phone:					
Home Phone:					
Email Address:					
Employer/Occupation:					
Work Phone:					

Permanent Address (if student):

Street:			
City:		State:	
County:			
Zip:			

I am interested in adopting (Name): _____ Dog Cat Other

1. Why are you interested in adopting (Check all that applies):

- Companion for Elderly Hunting Family Pet Breeding Barn Cat/Mouser Guard Dog
 Surprise Companion Companion for Child Emotional Support/Therapy
 Other: _____

2. If adopting as an outdoor dog, do you have a dog house? Yes No

3. If adopting a cat, will you allow them outdoors? Yes No

4. Check all activities that may apply to your new pet:

- Crated Walked Dog park Fenced yard Chained/Tethered
 Toys Jogging Scratch post Day care Companions Other: _____

5. What will a typical day be like for your new pet?

Explain: _____

6. List all cats/dogs/ferrets currently living at your address:

(e.g Family members, friends, and roommates cats/dogs/ferrets apply)

Name/Age	Breed	Gender	Sterilized	Indoor/Outdoor	Current Status?

7. List all cats/dogs/ferrets that you have had in the past 5 years, not already listed in question 6:

(e.g Family members, friends, and roommates cats/dogs/ferrets apply)

Name/Age	Breed	Gender	Sterilized	Current Status?	If Deceased, Cause?

8. Current veterinary clinic used to rabies vaccinate all animals living at your residence:
Name: _____ Phone: _____

9. Client name(s) listed with the veterinary clinic above:

10. Select your residence type (Check one):
 House Apartment Mobile Home
 Duplex Condo Dorm Other: _____

11. Select your residence status (Check one):
 Rent Own Living with friends/family

12. If you selected rent, or living with friends/family. Who owns/manages your residence?

Owner Name:	_____
Phone Number:	_____

13. Does anyone living with you object to adopting an animal? Yes No

14. Number of residents in household: _____ Roommates: _____

15. Ages of children, if any: _____

16. Who will financially support and be responsible for the adopted animal?
 Myself Spouse Family Member
 Friend Parents

17. Is anyone in your household allergic to animals: Yes NO

18. If you were to move in the future, what would you do with your adopted animal? _____

19. If you travel out of town, how will your adopted animal be cared for?

20. Have you utilized Bryan Animal Center before? Yes NO **If yes**, check all that apply:
 Owner Surrender Stray Surrender Adoption Reclaimed Animal Quarantine Animal Microchip/County tag
• If you adopted, was the animal spayed/neutered? Yes NO Where is the animal now? _____

21. Have you utilized other animal facilities before? Yes NO **If yes**, check all that apply:
 Owner Surrender Stray Surrender Adoption Reclaimed Animal Quarantine Animal Microchip/County tag
• If you adopted, was the animal spayed/neutered? Yes NO Where is the animal now? _____

22. Do you understand that this animal **must** be spayed/neutered? Yes NO

23. **Most animals at this facility have unknown medical histories.** Are you willing to take your newly adopted pet for an exam with a veterinarian and treat at your own expense? Yes No

24. Are you willing to provide exams/prevention/and vaccinations annually? Yes No

25. If this animal is heartworm positive, will you treat with a licensed veterinarian at your own expense? Yes No

26. I understand the City of Bryan is not responsible for veterinarian bills/medication/etc. that occur after this adoption. I understand animals can cause damage and the City of Bryan is not responsible for damage caused by adopted animals. **I certify that the above information is true and any false information may result in nullifying the application. I understand that BAC reserves the right to refuse adoption to anyone.**

Signature:	_____
Date:	_____

BAC STAFF ONLY:

Approved: Yes No

If denied, reasoning:

If approved, provide the following; if not approved, leave blank:

Animal ID#:	
Animal Name:	

Required:	
BAC Staff Signature:	
Date:	

Hold: _____

Expires: _____

