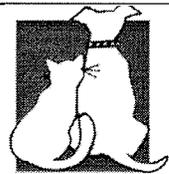




Alvin Animal Adoption Center

550 W. HWY 6 • Alvin, Texas 77511 • 281.388.4331



Date: _____ Pet ID: _____ Pending: _____ AAAC Employee: _____

Applicant Information

Last Name: _____ First Name: _____ DOB: _____ DL: _____

Physical Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Type of Home: Own home Rent home Apartment

Landlord's Name: _____ Landlord's Phone #: _____
(You must have permission from your landlord before adopting a pet)

Do you live within the city limits of Alvin? YES NO

If yes, are you aware there is a 4 pet limit per household? YES NO

Have you ever been charged or convicted with any type of animal neglect/cruelty? YES NO

If yes, please provide details and jurisdiction: _____

Employment Information

Employer: _____ Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ How long have you worked there? _____

Family/Household Information

Number of Adults: _____ Have all the adults agreed to this adoption? YES NO

Number of Children: _____ Have the children had pets before? YES NO

Why would you like to adopt a pet?
 Companion for self Companion for another pet Other (please explain): _____
 Companion for child Gift

Where did you hear about Alvin Animal Adoption Center? _____

Current/Past Pet Information

Name	Breed	Age	Gender	Spayed/Neutered?	Where are they now?
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Are your pets current on their rabies vaccinations? YES NO (Must provide copy of current rabies certificate)

Veterinarian Name: _____ Veterinarian Phone: _____

How long will your pet be left alone each day? _____

How much time will your pet spend inside/outside each day? Inside _____ Outside _____

Have you ever given a pet away or relinquished an animal to a shelter? YES NO

If yes, what were the circumstances? _____

Signature of Applicant: _____

I certify that all information I have provided on this form is true and correct to the best of my knowledge. Making false statements or providing false information can be punishable by law. The Alvin Animal Adoption Center reserves the right to decline the adoption for any reason.

Thank you for supporting the Alvin Animal Adoption Center!

OFFICE USE ONLY

Approved Declined
Reason: _____

AAAC Employee: _____
Date: _____