



## ADOPTION REQUIREMENTS

**To be considered for adoption today all applicants must comply with the following:**

1. Must be at least 21 years of age.
2. Provide photo identification showing your present address.
3. If you currently own animals, you must be compliant with all state and local laws. (i.e. provide proof of current rabies vaccinations and register all animals).
4. Provide written consent from your landlord or apartment complex if applicable.
5. Must have a working home/cell phone number.
6. The main caretaker of the animal must be present and at least 21 years of age.

## CONDITIONS OF ADOPTION

### **I agree and understand that I must:**

1. Provide proper and adequate food, water and shelter at all times for the animal.
2. Provide veterinary care to prevent and cure illness.
3. Obey all state and local laws regarding animals, including the licensing of animals.
4. Not allow the animal to be used for medical or other experimental purposes or for business purposes.
5. Allow a City of Weslaco Health Dept. agent to inspect the property in which the animal will be kept, if so required.
6. Vaccinate my animal against rabies.
7. Spay or neuter Animal by a licensed veterinarian.

### **I further agree and understand that:**

1. The **City of Weslaco cannot guarantee the health, temperament or training** of the animal adopted and I hereby release the City of Weslaco Animal Shelter from all liability of whatever nature once the animal is in my possession. The adopted animal is delivered "As is--Where is."
2. THE CITY OF WESLACO HEALTH DEPARTMENT IS NOT RESPONSIBLE OR LIABLE TO ANYONE ADOPTING AN ANIMAL. As far as it is known, each animal offered for adoption is reasonably sound. The Adopter shall be responsible for all financial obligations incurred on behalf of or related to the adopted animal and no attempt will be made to hold the City of Weslaco responsible.
3. THE ADOPTER MAY RETURN THE ADOPTED ANIMAL to the City of Weslaco Health Department for any reason on a prearranged basis with Animal Services. The City of Weslaco Animal Services is not authorized to offer a refund or other reimbursement for adoptions or expenses associated with the care or treatment of the animal.
4. The City of Weslaco will not be held responsible for any veterinary expenses incurred after the adoption.
5. The City of Weslaco Animal Shelter reserves the right to refuse any adoption.
6. **INFORMATION PROVIDED ON THIS FORM MAY BE SUBJECT TO DISCLOSURE UNDER THE PUBLIC INFORMATION ACT.**



# City of Weslaco Animal Shelter Adoption Application



Date: \_\_\_\_\_

**ADOPTER INFORMATION**

Name (First, middle , Last)	Date of Birth	Day phone				
Spouse or Partners Name	Date of Birth	Day phone				
Street Address						
City, State , Zip	DL / ID #:					
Email address						
Main Cartaker Name & Phone # (if a gift)						
<b>**WE REQUIRE WRITTEN VERIFICATION FROM YOUR LANDLOARD STATING THEY ALLOW PETS, BEFORE ADOPTION CAN BE COMPLETED**</b>						
Landlord's name						
Landlord's Phone						
<b>What pets have you previously oned?</b>						
	Spayed / Neutered	Vaccinated	Kept	Age	Sex	What happed to pet?
Dog / Cat	Yes / No	Yes / No	In / Out			
Dog / Cat	Yes / No	Yes / No	In / Out			
Dog / Cat	Yes / No	Yes / No	In / Out			
Dog / Cat	Yes / No	Yes / No	In / Out			
Dog / Cat	Yes / No	Yes / No	In / Out			
Dog / Cat	Yes / No	Yes / No	In / Out			
Veternarian Name and Address						
Veternarian Phone #						



# City of Weslaco Animal Shelter Adoption Application



MY PREFERENCES	ABOUT ME & MY HOUSEHOLD
<p><b>What type of animal are you looking for ?</b></p> <p><input type="checkbox"/> Dog      <input type="checkbox"/> Cat      <input type="checkbox"/> Other</p> <p><b>What Age? (circle one)</b></p> <p>puppy/kitten      Adolescent      Adult      Senior</p> <p><b>Why do you want to adopt?</b></p> <p>_____</p> <p>_____</p> <p><b>Will the animal be a: (circle one)</b></p> <p>Watch Dog      Mouser gift      house pet      Companion</p> <p><b>What attracted you to the animal you have chosen?</b></p> <p>_____</p> <p>_____</p>	<p><b>I share my home with:</b></p> <p>Adults ___ Children ___ Parents ___ Roommate ___</p> <p>Age of Children: _____</p> <p><b>How will the pet be contained when outside? (circle one)</b></p> <p>Fence      Kennel      Chained      let to roam</p> <p>Electronic Device      not allowed outside</p> <p><b>Is there someone home during the day?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>How long will the animal be left alone?</b></p> <p>_____</p>

A Dog/Cat may live 15 years or more. Do you agree that pet guardianship is a lifetime commitment? (Circle one)      YES      NO

Under penalty of law I swear/affirm that these answers are true and correct to the best of my knowledge. I also certify that I am at least 21 years of age and that I have never been convicted of animal cruelty or neglect.

\_\_\_\_\_  
Signature of Adopter

\_\_\_\_\_  
Date

### OFFICE USE ONLY - DESCRIPTION OF ADOPTED ANIMAL

#### SPECIES

DOG

Male

Spayed

Breed \_\_\_\_\_

CAT

Female

Neutered

Color \_\_\_\_\_

LIST OTHER :

Unknown

Approx. Age \_\_\_\_\_

Animal No.: \_\_\_\_\_

Completed by: \_\_\_\_\_



**BY SIGNING BELOW, YOU HAVE STATED THAT ALL INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF YOUR KNOWLEDGE. THE CITY OF WESLACO ANIMAL SHELTER HAS THE RIGHT TO REFUSE AN ADOPTION IF IT IS FOUND THAT INFORMATION STATED ON THE APPLICATION HAS BEEN FALSIFIED.**

PRINT NAME: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **City of Weslaco Animal Shelter Sterilization Agreement**

**THE ADOPTED ANIMAL SHALL BE VACCINATED AGAINST RABIES BY: \_\_\_\_\_**

**SPAYED OR NEUTERED NO LATER THAN : \_\_\_\_\_**

By any signature below, I certify that I am at least 21 years of age, and am otherwise legally competent to enter into a binding contract. I have read, understand, and agree to comply with the requirements contained in this agreement. and if I do not comply criminal charges may be filed against me with the City of Weslaco Municipal Court.

\_\_\_\_\_  
Signature of Adopter

\_\_\_\_\_  
Date

**OUR GOAL IS TO PLACE ANIMALS INTO PERMANENT, CARING AND LOVING HOMES. WE WILL DO WHAT IS BEST FOR THE ANIMAL BEING CONSIDERED FOR ADOPTION. SOME NEED COUNTRY HOMES, SOME NEED ADULT-ONLY HOMES, SOME NEED HOMES WHERE THEY WILL NOT BE LEFT ALONE FOR LONG PERIODS OF TIME. PLEASE UNDERSTAND THAT IF YOU ARE REFUSED, IT IS BECAUSE IT IS IN THE BEST INTEREST OF THE ANIMAL. WE RESERVE THE RIGHT TO HOLD AN APPLICATION FOR 24 HOURS BEFORE ADOPTING OUT AN ANIMAL SO THAT WE MAY REVIEW IT AND CHECK REFERENCES.**



## **SPAY/NEUTER REQUIREMENTS**

### **Adopter is required to deliver any/all completed forms to the City of Weslaco Health Department**

#### **1. CONFIRMATION OF STERILIZATION/RABIES FORM**

The completed Veterinarian's confirmation of sterilization/rabies form shall be delivered to the city of Weslaco health department no later than the 10th day after the date the adopted animal is required to be spayed or neutered.

Texas Department of Health Regulations, and the City of Weslaco ordinances, require dogs and cats 4 months or older to be vaccinated against rabies and then within each 365-day period thereafter.

The City of Weslaco health department may file criminal charges in the City of Weslaco municipal court against any adopter who fails to have the adopted animal vaccinated against rabies as required by law.

#### **2. ANIMAL CANNOT BE SPAYED OR NEUTERED - DUE TO MEDICAL REASONS**

A letter signed by a veterinarian to the City of Weslaco Health Dept., stating the reasons why the adopted animal cannot be spayed or neutered, shall be delivered no later than the 10th day after the date the animal was required to be spayed or neutered.

#### **3. PREVIOUSLY STERILIZED**

A completed Veterinarian's Confirmation of Animal Sterilization form indicating the adopted animal is believed to have been previously spayed or neutered, must be signed by the examining veterinarian and shall be delivered no later than the 10th day after the date the animal was required to be sterilized.

#### **4. ANIMAL IS LOST, DIES, OR STOLEN**

A completed and signed Statement of Animal Loss, Theft, or Death form shall be delivered no later than the 10th day after the animal's disappearance or death. A copy of this form is attached herewith for the Adopter's use.

#### **5. ADOPTER GIVES THE ANIMAL AWAY, OR SELLS IT**

Adopter shall still be responsible for complying with the spay/neuter requirements contained in this agreement.

#### **6. THE CITY OF WESLACO HEALTH DEPARTMENT MAY PROMPTLY RECLAIM THE ADOPTED ANIMAL**

If the adopter fails to comply with the spay/neuter requirements contained in this agreement. It is unlawful for any person to obstruct, prevent, or interfere with the reclamation of the adopted animal.



# VETERINARIAN'S CONFIRMATION OF STERILIZATION / RABIES VACCINATION



TO: CITY OF WESLACO HEALTH DEPARTMENT

255 South Kansas Avenue Weslaco, TX 7 8596

Ph #: 956-447-3401 Fax: 956-973-3128

## PERSON ADOPTING ANIMAL (ADOPTER)

Please Print

Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dear Veterinarian,

The animal being presented to you for sterilization and rabies vaccination was adopted from the City of Weslaco Animal Shelter. The person who adopted the animal is required to deliver written confirmation to the City of Weslaco Health Dept., that the animal has been sterilized and vaccinated as required by the Texas Health and Safety Code and City of Weslaco ordinances. Please take a few minutes to provide the information requested below, so your client can promptly return it is us.

If there is a medical reason that the animal cannot be sterilized or vaccinated at this time , please provide the reason why in the space provide below

Thank you. If you have any questions or comments, please contact the City of Weslaco Health Department at (956) 580-8741

## DESCRIPTION OF ANIMAL

### SPECIES

DOG

Male

Spayed

Breed \_\_\_\_\_

CAT

Female

Neutered

Color \_\_\_\_\_

LIST OTHER :

Unknown

Approx Age \_\_\_\_\_

Animal No. \_\_\_\_\_

## VETERINARIAN'S CONFIRMATION OF STERILIZATION

The animal described above was sterized by me on \_\_\_\_\_  
Month /Date / Year

I have Examined the animal describedabove and it is my opinion that it has been previously sterilized.

The animal cannot be sterilized at this time Reason \_\_\_\_\_

The above described animal was vaccinated by me on \_\_\_\_\_  
Month / Date / Year

Vaccination Number \_\_\_\_\_

Rabies Tag #: \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Clinic Name and Phone # \_\_\_\_\_

