



The Laredo Animal Protective Society
 2500 Gonzalez Street
 Laredo, Texas 78040
 (956) 724-8364

Pet Adoption Application

Name: _____ Date: _____

Address: _____ Telephone: (956) _____

City, State, Zip: _____

1. Does your property have a fenced yard? ___Yes ___No___
2. Do you have a dog house or other shelter? ___Yes ___No___
3. Will this be a family pet? ___Yes ___No___
4. Are you a Webb County resident? ___Yes ___No___
5. Are there children under the age of 5 years living in this home? ___Yes ___No___
6. I live in a ___Home ___Mobile Home ___Apartment Other_____
7. Does your landlord permit pets? ___Yes ___No___
8. I will take this pet to Dr. _____ for regular veterinary care throughout its life.

I have read, understand and agree to the following points:

1. I understand that a pet involves daily care and attention, and that there are feed and veterinary expenses involved in owning a pet.
2. If I cannot keep or properly care for my pet, it will be returned to the Laredo Animal Protective Society. I will not make any claims or charges for other services required for any kind of licensing, or care above the adoption fee.
3. This animal will not be used for vivisection or experimental purposes.
4. This animal must be spayed/neutered before leaving the shelter if older than 6 months. If younger than 6 months, the pet must be taken in for altering surgery at 6 months.
5. I have the means of transportation accessible for taking my pet to a doctor, groomer, et cetera as it becomes necessary.
6. There will be no refund for an animal that dies or is returned more than 14 days from the adoption, and no refund for animals that have escaped.

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Office use only:

Application approved: (date) _____ rejected: (date) _____

Pet ID#: _____ Dog Puppy Cat Kitten Other

Paid: \$ _____ receipt # _____



The Devine Sister's Shelter for Animals