



City of Missouri City Animal Services
1923 Scanlin Road, Missouri City, TX 77489
(281) 403-8707

Adoption Agreement

Name _____ Home # _____ Cell# _____

Address _____ City _____ Zip Code _____

Your Employer _____ Work# _____

Spouse or Roommate Name _____

Email Address _____

Number of adults in household _____ Number of children living at home _____ Children's Ages _____

Who will be primarily responsible for the pet? _____

What pets do you currently have? _____

What is the name and phone number of your vet clinic? _____

Where will you keep this pet during the day? _____ At night? _____

How many hours will the pet be alone on a daily basis? _____

How will you keep the pet confined on your property? (Please circle any and all that may apply)

*fence *leash *garage *house *kennel *patio *chain *other _____

What will you do if the dog or cat is destructive? _____

I understand that sterilization of the animal I am adopting is required under Chapter 828, Texas Health and Safety Code, and that a violation of this chapter is a criminal offense punishable as a Class C misdemeanor. _____ (initials)

I understand that if this animal is under the required age for sterilization, I will have it sterilized on or before the 30th day after the animal has reached 6 months of age. _____ (initials)

I certify that I have proper facilities to care for this animal and do not want the animal for resale, research, or any purpose other than pet ownership and that I am over the age of 18 years old. _____ (initials)

I understand that the City of Missouri City makes no guarantee as to the health, quality or temperament of the animal described below. _____ (initials)

I further agree that I must obtain proper license or registration for my city of residence within thirty (30) days of adoption. Missouri City residents must purchase registration prior to adoption. _____ (initials)

If the rightful owner appears within thirty (30) days of adoption, he/she may redeem the animal by paying to the Adopter all documented expenses incurred, reasonable board and sterilization costs, if any, for the animal. _____ (initials)

I understand that the City of Missouri City Animal Services may examine and make inquiry about said animal(s) at any time and if not satisfied with the animal's treatment or living conditions, the City of Missouri City Animal Services may reclaim animal. _____ (initials)

If the City of Missouri City must institute court action to enforce the terms of this contract, I agree to be responsible for all attorney's fees and court costs. _____ (initials)

****PetSmart© Adoptions Only****

I understand that my email address will be shared with PetSmart© and may receive coupons and promotional offers directly from PetSmart. _____ (initials)

FOR AND IN CONSIDERATION OF THE OPPORTUNITY TO ADOPT AN ANIMAL, FOR MYSELF AND ON BEHALF OF MY AGENTS, HEIRS, EXECUTORS, SUCCESSORS, ASSIGNS, AND ADMINISTRATORS, I HEREBY RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE CITY OF MISSOURI CITY, A MUNICIPAL CORPORATION OF THE STATE OF TEXAS, ITS EMPLOYEES, OFFICERS, AND AGENTS, IN BOTH THEIR INDIVIDUAL AND OFFICIAL CAPACITIES (HEREINAFTER COLLECTIVELY REFERRED TO AS THE "CITY") OF, FROM, AND AGAINST ANY AND ALL ACTIONS, CAUSES OF ACTION, ANY AND ALL CLAIMS OR DEMANDS OF EVERY KIND AND CHARACTER, WHETHER KNOWN OR UNKNOWN, ARISING OUT OF OR IN CONNECTION WITH THE ADOPTION OF AN ANIMAL FROM THE CITY'S SHELTER, INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR CONTRIBUTION AND ATTORNEY'S FEES, DAMAGES, SUITS, LIABILITIES, JUDGMENTS, AWARDS, COSTS, AND OTHER EXPENSES WHICH MAY BE ASSERTED BY A THIRD PARTY, ME, MY AGENT, HEIR, EXECUTOR, ASSIGN, OR ADMINISTRATOR FOR ANY REASON OR CAUSE, INCLUDING, BUT NOT LIMITED TO, INJURY, DEATH, LOSS, PROPERTY DAMAGE OR THE EFFECTS OF CONSEQUENCES THEREOF REGARDLESS OF WHETHER CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OR ACTS OR OMISSIONS OF THE CITY. _____ (initials)

As the Adopter, I agree to abide by all federal, state, and local laws. _____ (initials)

I, _____, do hereby adopt from the City of Missouri City, Animal Services Office, one

Animal Name and ID #

Breed

Sex

Size

Color

Signature of Adopter

Date

Driver License or ID number of Adopter

Signature of Animal Services Officer

Date of Adoption

Verification of Vaccination and License
(Veterinarian Name and City Licensed by)

Date



MCAS Adoption Supplemental Questionnaire

Name of Applicant _____

Address _____ City _____

State _____ Zip _____ E-mail _____

Daytime Tel# _____ Cell# _____

Does anyone in your family have an allergy to animals? YES NO Who? _____

Which do you live in: House Apartment Condo Other: _____

Do you own or rent your home? _____

If renting, are you allowed to have pets? YES NO

Is there a pet deposit/rent? YES NO

Are there weight or breed restrictions? _____

Your Landlord's name and telephone?

Who do you share your household with? (Children, roommate, spouse, significant other)

If your present relationship were to change, with whom will this pet remain?

Would this be your first pet? YES NO

If you have had pets in the past that are no longer with you, please tell us why in detail (i.e. deceased, given away, got too large, etc.):

Please list ALL current pets: _____

Are your current pets spayed or neutered? YES NO

Are your current pets up to Date on vaccines? YES NO

If you own a dog, which brand of flea & heartworm prevention do you use?

Veterinarian's Name, phone# _____

What plans do you have for your pet if you become ill or pass away?

What behavior are you looking for in a pet? What is your ideal lifestyle with the pet?

If adopting a cat will it be: Indoor Outdoor Both

Which of the following would force you to give up your pet?

- Divorce/Separation
- Move out of State
- Eviction
- Move where pets aren't allowed
- Dog barks/whines a lot
- Marry someone with allergies
- Loss of bladder control
- Pet develops a chronic illness
- Large vet bills
- Seems untrainable
- Having a baby
- Doesn't get along with other pet
- Neighbors complain
- Pet becomes larger than expected
- Other _____
- Nothing here applies

What method do you intend to use to houstrain your pet?

IF APPLYING TO ADOPT A DOG, PLEASE FILL OUT THE FOLLOWING SECTION:

Why do you want this dog?

- Personal Companion
- Family Companion
- Companion for another pet
- House Pet
- Watch Dog
- Guard Dog
- Hunting
- Other: _____

Do you have a completely fenced yard? YES NO Approx. Height? _____

What kind of fence do you have? Wooden / Cyclone / Wrought Iron / Other: _____

Do you share your yard in any way? YES NO

Is someone home during the day? YES NO Who? _____

How many hours will the dog be alone during the day? _____

Where will the dog be kept during the day?

- Kennel
- Day boarding
- Sectioned off area of home
- Free roam
- Outdoors
- Other: _____

Where will the dog be kept at night? _____

During travel for work, vacation, etc. what are your plans for the pet?

In which of the following situations would you allow your dog off leash?

- Public Park
- Hike
- Beach
- Neighborhood walk
- My front yard
- Dog Park
- Large Field
- Anytime
- Other _____

Have you ever adopted from a rescue group before? YES NO

I understand filling out this application does not guarantee the adoption of a Missouri City Shelter animal. I agree that all of the above information is honest and true.

Signature: _____ Date: _____