

For Office Use Only:

Control # \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Altered ☐ YES ☐ NO



For Office Use Only:

☐ Approved

☐ Disapproved

Initials \_\_\_\_\_

Date \_\_\_\_\_

### Adoption Form

Applicant's Name \_\_\_\_\_ Address (No P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

In what type of housing do you reside? ☐ Apt/Condo ☐ House ☐ Other Do you rent this property? ☐ YES ☐ NO

If you rent: Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you plan on moving in the next 12 months? ☐ YES ☐ NO

If yes, what do you plan to do with the animal? \_\_\_\_\_

Why do you want to adopt this pet? ☐ companion for child ☐ companion for other dog ☐ companion for self  
☐ security ☐ house pet ☐ working dog/mouse chaser ☐ breeding ☐ other

If other, please explain \_\_\_\_\_

Is this pet a gift for someone? ☐ YES ☐ NO If yes, who? \_\_\_\_\_

Have you previously owned pets? ☐ YES ☐ NO

List all current animals and animals you have had in the last 10 years. If more, please write on back or in an email.

Name	Breed	Sex	Spayed/Neutered?	Current on Vaccinations?	Do you still own it? If not, why?

List all veterinarians you have taken your pets to in the last 10 years and the veterinarian that you plan on using for this pet.

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

If more space is needed, please write on back or write it in the email you attach this form to.

Do you grant permission to FDRA to contact your vet(s)? ☐ YES ☐ NO

**Friends of Del Rio Animals**  
**SHARE YOUR LOVE...ADOPT A PET!**  
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