



CITY OF SAN ANTONIO
ANIMAL CARE SERVICES
DEPARTMENT

CITY OF SAN ANTONIO

4710 State Highway 151 San Antonio, Texas 78227
Office: (210) 207-6666 Fax: (210) 207-6673
Email: acsadoptions@sanantonio.gov

**PLEASE TYPE
OR PRINT**

Press "Tab" Button to
Move Between Fields

PET ADOPTION APPLICATION

APPLICANT INFORMATION					
Name:		DOB:	Driver's License No:		
Street Address:		City/State:		Zip:	
Tel: Phone 1		Phone 2		Phone 3	
Email:					
HOUSING INFORMATION					
Housing: <input type="checkbox"/> House <input type="checkbox"/> Apartment		Do You: <input type="checkbox"/> Rent <input type="checkbox"/> Own			
If renting, name of Landlord:		Landlord Phone:			
I <input type="checkbox"/> have <input type="checkbox"/> have not gotten landlord permission & paid, if any, my pet deposit.					
The age of the youngest child in the home?					
CURRENT PET INFORMATION					
PET'S NAME	BREED/TYPE	AGE	SEX	SPAYED/ NEUTERED?	INSIDE PET?
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/> Yes <input type="checkbox"/> No
ADDITIONAL INFORMATION					
Have you met and interacted with this pet? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Is anyone in your household allergic to cats? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Are you planning on declawing this cat? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, do you understand declawing is an amputation that can result in infection, pain and an increase in biting? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Is this pet for you or someone else?					
Will this cat be allowed to go outside?					
If yes, what kind of shelter do you have for your pet?					
How long will your pet stay outside?					
If your pet becomes sick or injured, will you be able to manage a vet bill of several hundred dollars?					
The veterinarian who sees and vaccinates my pets is:					
Are the pets you have now current on vaccinations <input type="checkbox"/> YES <input type="checkbox"/> NO					
Who will assume ownership and care of your pets should you be unable to care for them?					

SIGNATURE: _____

DATE: _____



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PET ADOPTION AGREEMENT

ANIMAL ID:	DATE:
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I understand and agree to the following pet adoption terms and conditions (please initial):

	My new pet will be sterilized (spayed or neutered) before leaving ACS.
	I have read and understood the return policy on the back of this contract. I agree that if I need to return my pet for a behavioral or medical issue, I will follow the return guidelines on the back of this contract before trying to return the pet.
	I agree to quarantine my newly adopted pet from any other pets until I have consulted with my veterinarian for a wellness examination. I understand that not completing a quarantine period may put my other pets at risk of contracting an unknown illness, or put my pets/family/friends at risk if there are any unknown behavioral issues.
	I understand that if I need to re-home my pet, I will do so responsibly. I will assist the new owner in transferring the registered microchip information. I understand that if my pet goes missing, I will contact ACS immediately and will reclaim my dog if returned to ACS. I will not adopt this pet with the intention of selling the pet for profit (Rescues and Contract Partners are exempt). I will not advertise the pet as free.
	I agree to be a responsible pet owner and that I will abide by all ordinances for the jurisdiction in which I reside, including requirements for rabies vaccinations and microchips.
	I am aware that my pet may be reclaimed by his/her owner AT ANY TIME before the pet leaves our campus, even if it has passed the legal hold time. If an owner steps forward after I have taken the pet home, ACS might contact me requesting the pet be returned, but it is at my discretion to return the pet.
	I understand that until my newly adopted pet leaves the Animal Care Services campus with me, the animal still belongs to Animal Care Services. As such, any medical decisions will be made solely at the discretion of the Veterinary Staff and they are not under any obligation to consult me for approval on any procedure.
	I should plan on pickup being on _____. I understand that I will be notified when my pet is ready for pickup and circumstances may arise that delay the surgery date. I understand that I have 24 hours to pick up my pet once notified he/she has recovered from surgery. Failure to pick up my pet will result in the forfeit of my adoption fee and my pet will go back up for adoption.
	I understand that ACS does not have the capability of doing a full-service exam of my pet and that it is now my responsibility to take my adopted pet to my own veterinarian for a general checkup within two (2) weeks of taking the pet home if I want to be eligible to return the pet for an unknown medical issue without paying an Owner Surrender fee. I have been informed of the following medical/behavioral condition(s) present at the time of adoption for my pet:
	I have been informed and understand that my newly adopted pet was involved in a bite case.

AGREEMENT SIGNATURE

Adopter's Name (Print):	Adopter's Signature:
Adopter's Phone Number:	Adopter's E-Mail Address:
ACS Signature:	Standard Fee: Adoption Event: Adoption Fee:

DONATION AND RECEIPT INFORMATION

I would like to make the following donation to the City of San Antonio Animal Care Services:

Receipt #:	Total Charge Today:
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PET ADOPTION RETURN GUIDELINES

We believe that pets are for life and want to make sure that this is the RIGHT pet for you and your family. This should not be a decision made in haste and without thought for the future.

We allow returns/exchanges only on a limited basis and may be approved by the Adoptions Supervisor only.

Refunds will only be considered under the follow circumstances:

Pet has been taken to your private vet for an exam within three business days of picking up from ACS. At this visit if a severe condition is discovered that requires extensive treatment and you are unable to afford treatment, please email acsadoptions@sanantonio.gov to discuss your options. Please be prepared to show documentation from the vet with the diagnosis and estimated cost.

Pet was diagnosed with Heartworm and will require treatment. Please fax confirmation of payment for a heartworm treatment at your local vet or San Antonio Pet's Alive to 210-207-6673 within 30 days of adoption. Please put your Animal ID at the top so we can process the refund as soon as possible. Purchase of heartworm prevention only is not considered treatment.

Refunds will be issued by mail and could take two to four weeks to process and receive

Adoption Returns within the first two weeks with NO refund:

An exchange will be issued only at the discretion of the Adoption Supervisor.

Please email the Adoptions Team at ACSAdoptions@sanantonio.gov at the first sign of an issue for guidance and to alert us of an issue. We have resources, training and counseling support available to assist with making this pet successful in your home.

Adoption Returns that require an Owner Surrender appointment can include, but are not limited to:

1. Animals that are "more than I can handle."
2. Puppies that are peeing, biting, chewing, barking, whining or jumping on small children.
3. Animals that are causing allergic reactions to member of the family.
4. Circumstances changed and I can no longer have a pet.
5. Didn't know how much work a pet would be.
6. Didn't check with landlord about having a pet or any fee's involved.
7. My household members won't let me keep the pet.
8. Going to be too much money, eats too much food, etc.

****Owner surrenders are done Tuesday – Saturday starting at 11am as space allows. Please bring all medical and tags with pet. The fee is \$25 and these appointments are only available to residents within city limits of San Antonio, regardless of adoption from ACS.****