



Dog & Cat Adoption Application



Beaumont Animal Care
1884 Pine St
Beaumont, Texas 77703
409-838-3304

APPLICANT INFORMATION

Name (First, Middle, Last) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date: _____ Phone Number: _____

Are you 18 years of age or older: Yes No

Email Address (if applicable): _____

APPLICANT QUESTIONS

Do you or anyone in your household have pet allergies? Yes No

Do you currently have a veterinarian? Yes No

Is this your first time adopting from Beaumont Animal Care? Yes No

Do you have any children 10 or younger at home (we use this information to help you find the perfect pet)? Yes No

ANIMAL TO BE ADOPTED – TO BE COMPLETED BY BEAUMONT ANIMAL CARE STAFF

Type: Dog Cat | Gender: Male Female | Spayed / Neutered: Yes No

Name: _____ System ID #: _____

Color: _____ Weight: _____

Age: _____ Rabies Tag Number: _____

ACKNOWLEDGEMENTS

1. I acknowledge receiving from the Beaumont Animal Care Division custody of the above described animal.
2. I will comply with all City ordinances related to the proper and humane treatment of animals.
3. I understand that Beaumont Animal Care does not guarantee the health, training, or temperament of any animal.
4. The City reserves the right to decline any application.

Applicant Signature: _____

Date: _____