

Grimes County Animal Rescue Adoption Application

Name(s):			
Address:		Apt #:	
City:	State:	Zip:	
County: Driver's License Number(s):			
Email Address(es):			
Cell Phone(s): Other Phone(s):			
Is this your first experience	e with a pet?		
Applicant(s) Residence	e		
Do you rent? Do yo	ou own? Other?		
What type of residence yo	u live in: □House □Apart	ment Oother:	
If you rent, are you allowe	d to have pets? H	as your pet deposit been paid?	
# and ages of children in h	ousehold:		
Do you have a fenced in yard? Do you have a dog house or other shelter?			
What other animals do yo	u have?		
Lifestyle			
What is your reason for wa	anting this pet?		
Where will this pet stay at night? When you travel?			
Are you at home or away o	during the day?		
If away, where will this pet be kept while you are away?			Are
you prepared to financially	y care for this pet for the re	est of its life?	-
	el free to list them below. A	that you would like us to consider that ny concerns or qualities that you are lo	
Are you interested in a spe	ecific dog or cat?		
Revised 4/2025			

your current pets.	
Name:	
Phone:	
Name of Existing Pets:	
Are your other animals on flea and heartworm preventatives?	
Are your other animals up to date on all vaccines?	
Grimes County Animal Rescue (GCAR) requires that all applicants that wish to ado entirety and meet all qualifications listed below. GCAR will consider the needs of tadoption in conjunction with the information provided on this application and resany reason. GCAR reserves the right to make home visits to determine if an applicanimal being considered if necessary and may contact the applicant's veterinarian Qualifications- Please initial next to each line.	he animal that is being considered for erves the right to deny applications for ant's home meets the needs of the
I am 18 years of age.	
I understand that all animals adopted from GCAR must be spayed or neuteron	ed.
I understand that under state law, all animals older than three months must it is my responsibility to ensure that additional rounds of shots/boosters ar required/needed.	-
I understand that GCAR makes no representation as to the health history an care.	d behavior of the animals under its
I understand that veterinary care after adoption, including monthly flea and responsibility.	heartworm preventatives is my
I understand that the adoption of certain breeds may require a background	check and consent to one if necessary.
I understand that GCAR is not responsible for any damage or injury caused by	by the pet after adoption.
I understand that if this animal is not a good fit for my family, it can be retur	ned to GCAR.
I understand that adoption fees are non-refundable.	
I understand that if I am applying to adopt a dog that is believed to b Shepherd, Chow, Rottweiler, or other breed with aggressive tendencies I macheck to verify that I have never been convicted of any animal cruelty/fight	ay need to undergo a background
I certify that the above is true and correct, and that any false information n adoption resulting from this application. I understand that no animals can be application is approved, and I agree to the terms of the adoption and pay the	pe granted to me unless this
Applicant(s)	Date
GCAR Representative	Date

Please provide the name and contact information for the veterinarian that has the existing shot records for