



**Cameron County  
Department of Health and Human Services**

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*The mission of the Environmental Health Program is to protect, preserve and promote the health of Citizens of Cameron County. To ensure a safe and healthy community, the Environmental Health Program will responsibly serve the citizens of Cameron County with integrity and respect through a highly skilled and caring staff. The Department will strive for excellence and innovation in the provision of all its services and be accountable to the community, its representatives, and employees.*

**Cameron County Animal Shelter**

ID # \_\_\_\_\_

**ADOPTION APPLICATION**

Welcome to the Cameron County Animal Shelter! We are happy you have chosen to adopt from us. We sincerely hope we can be of service to you. This application is designed to help us determine if the adoption is in the best interest of the animal and to assist you as a potential adopter to find an animal most compatible with your lifestyle. Remember - we have the animal's welfare as our foremost consideration.

In order to be considered for adoption today, you must:

- be 18 years or older;
- have a picture ID with current address;
- have the knowledge and consent of all adults living in the household;
- be willing to spend the time and money necessary to provide the training, medical treatment, proper care, confinement and licensing of the pet;
- pay the adoption fee;
- understand that not all animals are available due to age, temperature, illness or other diseases; and
- understand that the Cameron County Animal Shelter has the right to deny or approve your adoption application.

The animals available for adoption at the Shelter are what we call "random-source" animals, which means that we accept animals from anyone and anywhere. We want you to understand that when you adopt an animal from an animal shelter, you take a certain risk. We do our best to screen the health of each animal as it is admitted to the shelter and during the time it is here. However, there is always a chance that an animal has a disease that is incubating inside at the time of admission and doesn't show any symptoms of the disease. Therefore, Cameron County assumes no liability for this or any other disease.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

1. **Place of employment:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
2. **Name of Spouse / Roommate:** \_\_\_\_\_
3. **Number of people in home: Adults** \_\_\_\_\_ **Children:** \_\_\_\_\_
4. **Type of dwelling: House Apartment Condominium Other:** \_\_\_\_\_
5. **Do you rent or own your home?** \_\_\_\_\_
6. **Landlord's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
7. **Do you own a pet now? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\_\_\_\_\_

If so, please list:

Type of pet: \_\_\_\_\_

How/Why Obtained: \_\_\_\_\_

Is pet spayed/neutered? \_\_\_\_\_

8. Have you had pets in the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list:

Type of pet: \_\_\_\_\_

How/Why Obtained: \_\_\_\_\_

Is pet spayed/neutered? \_\_\_\_\_

9. What is the name of your veterinarian? \_\_\_\_\_

10. Is anyone in the household allergic to animals? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Primary reason for adopting a dog/cat: \_\_\_\_\_

12. What type of dog/cat are you looking for? \_\_\_\_\_

13. What attracted you to this pet? \_\_\_\_\_

14. Where would the dog/cat be during the day? \_\_\_\_\_

15. Where would the dog/cat be during the night? \_\_\_\_\_

16. What outside space is available to the dog/cat? \_\_\_\_\_

17. Animals are as individual as people, are you willing to spend the time and effort it will take to help this pet adjust to your home and lifestyle?

Yes \_\_\_\_\_ No \_\_\_\_\_

18. Dogs/cats often live 10 years or longer, are you willing to take the responsibility for that amount of time?

Yes \_\_\_\_\_ No \_\_\_\_\_

19. Under what circumstances would you not keep this dog/cat?

\_\_\_\_\_

20. If the dog/cat became destructive, what would you do?

\_\_\_\_\_

21. Would you object to an inspection of your premises by our staff?

\_\_\_\_\_

22. How did you learn about us? \_\_\_\_\_

I certify that the above is true and correct, any false information may result in the nullification of the adoption.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Animal Control Officer:		Date:	
Approved:		Disapproved:	
Reason for disapproval:			
Comments:			
<b>Name:</b>		<b>Date:</b>	
<b>Address:</b>			
<b>Home Phone:</b>		<b>Other Phone:</b>	
REGISTRATION AND RABIES VACCINATION DETAILS:	TAG #:	DATE OF VACCINATION:	PLACE OF VACCINATION:
Veterinarian/Clinic where animal spayed/neutered:		Date:	