



City Of Weslaco  
Animal Care Services  
(956)447-3401



### FOSTER FORM

DOG ( ) FEMALE ( ) MALE ( ) BREED \_\_\_\_\_  
 CAT ( ) FEMALE ( ) MALE ( )  
 OTHER \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE# \_\_\_\_\_ YEAR \_\_\_\_\_

DESCRIPTION OF DOG/CAT

COAT: SHORT ( ) EARS: CROPPED ( ) TAIL: SHORT ( ) SIZE: SMALL ( )  
 LONG ( ) ERECT ( ) LONG ( ) MEDIUM ( )  
 CURLY ( ) DROOPING ( ) BUSHY ( ) LARGE ( )  
 WIRE ( ) RING ( )

ANIMAL WAS PICKED UP \_\_\_\_\_ KENNEL# \_\_\_\_\_  
 (ADDRESS)

### ADOPTION AGREEMENT

I hereby acknowledge receiving from the City of Weslaco the herein described animal which I agree to care for in such manner as to meet with approval of the department. I further agree to return to said department making no charge of any character for licensing, care for food or other service or thing; if at any time I have to relinquish custody of said animal to the former owner, within 15 days, in the case of a stray. I also that said animal shall not be used for vivisection or experimental purposes. *It is further understood that the department reserves the right to investigate the new home and to remove the animal if the home is found unsuitable or if the animal is found to be running at large.*

This department mainly deals in animals classified as strays or animals that run at large. There is no way this department is knowledgeable where these animals might have been or if they have contacted any of the related animal communicable disease. As a responsible pet owner, it is highly recommended any animal adopted or released from the shelter should be seen by your veterinarian. ***This department does not insure these animals are health.***

If you are a resident of the City of Weslaco, you are required under City Ordinance to have your animal (cat/dog) vaccinated for rabies. Money will not be refunded after the adoption is made. Proof of vaccination must be presented to the office by the 10<sup>th</sup> day otherwise; the money will be forfeited.

I also acknowledge that I must hereby state law referring to Chapter 828. Dog and Cat Sterilization; by completing the sterilization agreement and insuring the CERTIFICATE OF STERILIZATION FORM is return to the releasing agency accordingly.

OWNER'S DL# \_\_\_\_\_

PRINT NAME OF OWNER \_\_\_\_\_

DOB \_\_\_\_\_

SIGNATURE OF OWNER \_\_\_\_\_

ADOPTION FEE \_\_\_\_\_

VACCINATION FEE \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

TOTAL FEE \_\_\_\_\_

PERSON DOING THE RELEASING \_\_\_\_\_

OWNER'S PHONE# \_\_\_\_\_

DATE/TIME \_\_\_\_\_

VACCINATION REFUND DATE: \_\_\_\_\_