

Small Animal Shelter Adoption Application/Contract

Animal's Name _____ Date: _____

Type of Animal _____ Breed _____ Color _____

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Are you at least 18 years old? _____ Yes _____ No (Must be 18 years or older to adopt)

Do you own or rent your home? _____ Own _____ Rent

If you rent, do you have permission to have pets? _____ Yes _____ No

Any restrictions for pets by property owner? _____

Property Owner Name and Phone number _____

Do you currently own any other pets/animals: _____ Yes _____ No

If yes, list species and how many: _____

Are all of your animals UTD on vaccinations? _____ Yes _____ No _____ N/A

Are your dogs/cats spayed/ neutered? _____ Yes _____ No _____ N/A

If adopting a cat, are your pets cat tested? _____ Yes _____ No _____ N/A

Are you looking for an indoor or outdoor pet? Outdoor Indoor Both

Do you have experience with this type of Pet? _____ Yes _____ No

Have you adopted from BCHS in the past? _____ Yes _____ No

Have you had to return the animal? _____ Yes _____ No If yes, Why? _____

Veterinarian Name and Number: _____
