

Small Animal Shelter Adoption Application/Contract

Animal's Name _____ Date: _____

Type of Animal _____ Breed _____ Color _____

Applicant Name (Print) _____

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 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: _____



Dog Shelter
100 Veterans Blvd.
Georgetown, OH 45121
937-378-3457
adopt@bchsohio.org

Small Animal Adoption Center
422 Lincoln Ave.
Georgetown, OH 45121
937-378-2210
adopt@bchsohio.org

Small Animal Shelter Policy/Contract

Adopter Name _____

Please initial next to each statement indicating you understand and agree to each statement.

_____ I agree to provide food, water, housing, exercise, grooming and humane care at all times.

_____ I agree to provide yearly, and emergency vet care as suggested by my Veterinarian.

_____ I agree to obey renters, local, and state by-laws in regard to my pet.

_____ I agree not to sell, use for fur or pelts, cook, use for animal testing, use for dog fighting, or to allow harm to come to my pet.

_____ I am aware that certain things can be transmittable from my pet to me or my family including but not limited to, ring worm, parasites, bacterial infections, funguses or salmonella.

_____ I understand that the pet might scratch and/or bite me, my family, or anyone that comes in contact with it. I understand that the pet may damage my property. I understand that BCHS is not responsible for any damages incurred once I adopt my pet.

_____ I am financially able to meet the requirements set forth in this contract.

_____ If I cannot keep my pet I will notify BCHS immediately.

_____ After signing the adoption contract, I agree that the BCHS is not responsible for any expense, Vet care, medications, continued treatment, behavioral problems, damages to people handling my pet, damages to self, damages to others pets or damages to my property. I will have sole responsibility for any and all damages and medical treatment caused or needed for my pet.

_____ I understand that my adoption fee is nonrefundable.

_____ I agree NOT TO DECLAW MY PET. I understand that if I declaw my pet that the BCHS has the right to take my pet back. Declawing is painful for the cat and can cause permanent damage. It can also create behavioral problems such as biting or not using a litter box.

By Signing below, I agree to follow the adoption contract. I agree that all the information is accurate.

Print Name _____

Signature _____ Date _____

BCHS Representative Signature _____ Date _____

Application Denied _____ Reason _____