



BULVERDE AREA HUMANE SOCIETY

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ADOPTION APPLICATION/CONTRACT TERMS

Date: _____

Adopted Animal: _____ Dog _____ Cat

Name: _____

Address: _____

City/State: _____ Zip: _____ Email: _____

Phone: (daytime) (_____) _____ (evening) (_____) _____

Primary Emergency Contact: _____ Phone: (_____) _____

Secondary Emergency Contact: _____ Phone: (_____) _____

How many people live in your home? _____ Are any children under 18? Yes No

List the ages of anyone under 18: _____

Does anyone in your home have pet allergies? Yes No

Is everyone in the home agreeable and aware of your interest in adopting? Yes No

Where do you live? House Apartment Townhouse/Condo Mobile Home

Does your home have a fenced yard? Yes No

If yes, type and height: _____

Do you: Own Rent Live with a relative or friend

If renting or living with someone else, provide name and telephone number for landlord or person you are living with:

Name: _____

Telephone Number: _____

Care of the Pet and Previous Pet History

Who will be responsible for taking care of this pet? _____

Where will the pet be kept: **Indoors** **Outdoors** **Both Indoors and Outdoors**

If outdoors, what type of shelter is available for the animal?

Dog House **Shed/Outbuilding** **Trees/Bushes** **Covered Patio**

Approximately, how many hours a day will your new pet be alone?

Almost Never **1 - 6 hours** **6 - 10 hours** **10+ hours**

Where will the pet spend the hours you are away?

Loose in the house **Confined to a room(s)** **Kennel/Crate** **Outside**
Doggy Door **Other** _____

Where will the pet sleep: **Outside** **Inside the house** **Inside another structure**

What will you do with your pet if you go on vacation? _____

What will you do if you can no longer keep the pet or must move? _____

Do you currently have a pet(s)? **Yes** **No** If yes, please list below:

of Dogs: _____ Spayed/Neutered: yes/no Vaccination Current: yes/no

of Cats: _____ Spayed/Neutered: yes/no Vaccination Current: yes/no

Other pets: _____

Do you have a regular veterinarian? **Yes** **No**

If yes, name and telephone number: _____

Adoption Donation Amount Received: **Cash \$** _____ **Check #** _____ **PayPal** _____

Adopter Signature: _____ **Date:** _____

BAHS Adoption Counselor: _____

I, the undersigned Adopter, agree with BAHS to the following:

_____ 1. To **PROVIDE ALL PROPER AND NECESSARY CARE AND TREATMENT** for the animal I have adopted from Bulverde Area Humane Society (hereafter known as BAHS), including but not limited to sufficient food, water, shelter, and **IDENTIFICATION TAG WITH CONTACT INFORMATION, MEDICAL ATTENTION, ALL REQUIRED VACCINATIONS** and humane treatment. If I am unable to keep this animal, I hereby **agree to return it to BAHS** on a space available basis. If the animal is removed from my home or otherwise confiscated by a third party, including, but not limited to, the police, city, or county animal welfare agency, because I have failed or neglected to provide all proper and necessary care and treatment, I understand and agree that BAHS may direct the third party to return the animal directly to BAHS, at which time BAHS shall have sole discretion to determine the proper disposition of the animal.

_____ 2. I am **18 years of age or older** and I am adopting this animal as **my own companion animal**. I will not give it as a gift, or resell it, or use it for breeding purposes, experimental purposes, or use it as a guard dog or as a food animal.

_____ 3. To have the animal inoculated against **rabies** according to county requirements and licensed according to the city ordinance of the city in which I reside.

_____ 4. To give the animal appropriate **heartworm preventative** as prescribed by my veterinarian.

_____ 5. To abide by all **State and County laws and City ordinances** regulating animals.

_____ 6. If at anytime I have to **return the animal to BAHS**, the animal will have at least 3 months left on current vaccines and have a current (in past month) negative heartworm test or negative feline aids/leukemia test.

_____ 7. BAHS **does not** reimburse for **outside veterinary bills**.

_____ 8. I understand and agree that BAHS makes **no express or implied warranty, representation or promise** relating to my ability to obtain or maintain insurance for any **personal injury or property damage** caused by the animal. I understand that depending on the breed of the animal that I have adopted, such liability insurance may be unavailable or denied.

_____ 9. I understand and agree that BAHS makes no express or implied warranty, representation or promise as the **age, health, breed, habits, disposition or safety of the animal**. I do hereby, fully and forever release, acquit and discharge BAHS and its officers, directors, volunteers, employees, insurers and agents (collectively the "Released Parties"), from any and all manner of action and actions, suits, debts, claims, liabilities, controversies, damages, costs, expenses, attorneys' fees, and demands of any nature whatsoever, whether compensatory or punitive in nature, including, but not limited to, any liability for personal injury or property damage caused by the animal to another animal or person, illness to the animal or illness or parasite transmitted by the animal to another animal or person. I further promise and agree to indemnify the Released Parties against any and all liability incurred by the Released Parties, including, but not limited to, all judgments, settlements, penalties, forfeitures, fines, costs, expenses and actual attorneys' fees, that arise out of or relate to my adoption or ownership of the animal.

_____ 10. I further understand if I do not **adhere to these terms**, if I have **misrepresented myself**, or if I have **adopted the animal under false pretenses**, this animal may be reclaimed by BAHS.

_____ 11. I agree to call BAHS within **24 hours** if the animal ever **escapes or is lost**.

_____ 12. I understand that I am adopting this animal with the following **diagnosed condition or fault**, and I realize that this animal **may need further training or treatment for:** _____

_____ 13. I herewith make this **tax deductible donation to BAHS** to assist in sheltering, feeding and protecting the animals brought to BAHS since the work of BAHS is made possible by voluntary contributions. This donation is of my own free will and **shall not** be construed as any compensation for the animal adopted. **It is non-refundable.**

Adopter Signature: _____ **Date:** _____