



BULVERDE AREA HUMANE SOCIETY

P. O. BOX 50, BULVERDE, TX 78163

830-980-BAHS (2247)

Email: bahshelter@yahoo.com

www.bulverdeareahumanesociety.com

DOG ADOPTION APPLICATION/CONTRACT TERMS

How did you learn about BAHS? _____

Date: _____

Adopted Animal: _____ Dog _____ Puppy

Name: _____

Address: _____

City/State: _____ Zip: _____ Email: _____

Phone (Primary): _____ Phone (Alternate): _____

Emergency Contact(s): _____ Phone(s): _____

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 allergies to dogs? Yes No

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

Why are you adopting? _____

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, please provide name and telephone number for the landlord or person you are living with:

Name and Telephone Number: _____

Who will be responsible for taking care of the dog/puppy? _____

Where will the dog/puppy be kept? **Indoors** **Outdoors** **Both Indoors and Outdoors**

When outdoors, what type of shelter is available for the dog/puppy?

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

Approximately how many hours a day will your new dog/puppy be alone?

Almost Never **1 – 6 Hours** **6 – 10 Hours** **10+ Hours**

Where will the dog/puppy spend the hours you are away?

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

Where will the dog/puppy sleep? **Outside** **Inside the house** **Inside another structure**

What will you do with your dog/puppy when you go on vacation? _____

What will you do if you can no longer keep the dog/puppy, or must move and cannot take the dog/puppy with you? _____

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

of Dogs: _____ **Spayed/Neutered:** **Yes** **No** **Vaccinations Current:** **Yes** **No**

of Cats: _____ **Spayed/Neutered:** **Yes** **No** **Vaccinations Current:** **Yes** **No**

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

If yes, name and telephone number: _____

Are you interested in supporting BAHS (Volunteering, Monthly Donation)? **Yes** **No**

If yes, how? _____

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 dog/puppy I have adopted from Bulverde Area Humane Society (hereafter known as BAHS), including but not limited to *sufficient food, water, shelter, humane treatment, medical attention, all required vaccinations, and IDENTIFICATION TAG WITH CONTACT INFORMATION*. If I am unable to keep this dog/puppy, I hereby agree to return it to BAHS on a space available basis. If the dog/puppy 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 dog/puppy as my own companion animal. I will not give it as a gift, or resell it, or use it for breeding purposes, experimental purposes, as a food animal, or use a dog as a guard dog. I agree that the dog/puppy will be kept as a domesticated house pet, and that the pet will be an indoor- only family pet. Dogs will be allowed access or kept indoors except for outside periods of exercise.

_____ 3. If applicable, adopter understands that the dog/puppy has been diagnosed with the following condition or fault, and realizes that the dog/puppy **MAY NEED FURTHER TRAINING OR TREATMENT FOR:** _____

_____ 4. Adopter understands that animals can be unpredictable and BAHS cannot anticipate or insure the future condition, temperament or conduct of the animal. Adopter hereby accepts the dog/puppy as is and assumes all risks and responsibilities associated with the ownership of the dog/puppy.

_____ 5. Adopter understands that there may be a longer period of adjustment than anticipated for both the adopter and the dog/puppy. There is a possibility that the dog/puppy may have been abused or neglected before coming to the shelter and the dog/puppy may be scared, wary or insecure in a new home with new people.

_____ 6. Adopter agrees to provide *Basic Obedience Training* for the dog/puppy.

_____ 7. Adopter agrees to *Humane Training or correction of any Behavioral Issues* that may develop.

_____ 8. Adopter agrees the dog/puppy will be on a *heartworm preventative regimen* and examined by a licensed veterinarian at least once a year and that the dog/puppy will receive adequate vaccinations and treatments to ensure good health. Adopter agrees to keep a record of all vaccinations and vet visits.

_____ 9. Adopter agrees to have the dog/puppy *inoculated against Rabies* according to county requirements and licensed according to the city ordinance of the adopter's residence.

_____ 10. BAHS does not reimburse for *outside veterinary bills*.

_____ 11. Adopter agrees to abide by all *State and County Laws and City Ordinances*.

_____ 12. Adopter understands and agrees that BAHS makes no express or implied warranty, representation or promise relating to the adopter's ability to obtain or maintain insurance for any personal injury or property damage caused by the dog/puppy. Adopter understands, that depending on the breed of the dog/puppy adopted, such liability insurance may be unavailable or denied.

_____ 13. Adopter understands and agrees that BAHS makes no express or implied warranty, representation or promise as to the age, health, breed habits, disposition or safety of the dog/puppy. Adopter hereby does 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, attorney 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 dog/puppy to another animal or person, illness to the dog/puppy or illness or parasite transmitted by the dog/puppy to another animal or person. Adopter further promises and agrees to indemnify the Released Parties against all liability incurred by the Released Parties, including, but not limited to, all judgments, settlements, penalties, forfeitures, fines, costs, expenses and actual attorney fees, that arise out of or relate to the ownership of the dog/puppy.

_____14. Adopter agrees to *contact BAHS within 24 hours* if the dog/puppy escapes or is lost.

_____15. Adopter agrees to 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.*

_____16. If at any time, I have to return the dog/puppy to BAHS, the dog/puppy will have at least 3 months left on current vaccinations, and have a current (in the past month) negative heartworm test.

_____17. Adopter further understands that if adopter does not adhere to these terms, or if the adopter has misrepresented himself/herself, or if the adopter has adopted the dog/puppy under false pretenses, the dog/puppy may be reclaimed by BAHS.

_____18. **DOG RETURN POLICY**

Dogs adopted from Bulverde Area Humane Society may be returned to the shelter on a space available basis, by appointment. After 14 days a return FEE* is required. Please contact us at 830-980-2247 to ensure there is room to accept the dog or if not, to be placed on the waiting list to return your dog.

_____19. ***DOG RETURN FEE:**

Dog IS current on all Vaccinations and Heartworm preventative - \$60.00 (each dog/puppy)

Dog IS NOT current on all Vaccinations or Heartworm preventative - \$125.00 (each dog/puppy)

**Before you think of bringing your new friend back to the shelter, contact us concerning any issues.
Training is not just for puppies or dogs who misbehave. Training is forever.
There are ways we can help keep you and your new friend together.**

TO BE COMPLETED BY ACTIVE DUTY MILITARY PERSONNEL AND/OR THEIR DEPENDENTS:

1. How long have you lived at your present address? _____
2. What will you do with your dog/puppy,
 - a) If you go TDY? _____
 - b) If you go PCS? _____
 - c) If you receive overseas orders? _____

By signing below, I certify that I have read and understood the adoption requirements and any questions have been satisfactorily answered by a BAHS Adoption Counselor.

Adopter Signature: _____ Date: _____

Print Name: _____ Dog's/Puppy's Name _____

BAHS Representative: _____ Date: _____