



DOG ADOPTION APPLICATION/CONTRACT TERMS

BULVERDE AREA HUMANE SOCIETY

P.O. BOX 50, BULVERDE, TEXAS 78163

830-980-2247

BAHShelter@yahoo.com

www.bulverdeareahumanesociety.com

Date: _____ Adopted animal (BAHS name): _____ Dog Cat

How did you learn about BAHS? _____

Applicant name: _____

Address: _____

City & State: _____ Zip: _____ Email: _____

Phone: _____ Phone: _____

Emergency contact: _____ Phone: _____

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

List the ages of everyone under age 18: _____

Anyone in the home have pet allergies? Yes No Does everyone in the home agree to adopting a pet? Yes No

Why are you adopting? _____

Employment status: Retired Full-time Part-time Student Work from home

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

Does your home have a fenced yard? Yes No What type and height? _____

Do you own, rent, or live with a relative/friend? _____

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

Name: _____ Phone: _____

Have you adopted from BAHS before? Yes No Have you ever adopted a pet before? Yes No

Have you ever surrendered or rehomed a pet before? Yes No Why? _____

What would be a reason you would need to surrender this animal? _____



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

Where will the animal be kept? Indoors Outdoors Both

If outdoor, what type of shelter is available? _____

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

Where will the pet spend their time while you are away? _____

Where will the pet sleep? _____

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

What will you do if you can no longer keep your pet? _____

What will you do if you have to move? _____

Do you currently have pets? Yes No If yes, please list and circle below:

of Dogs: _____ Gender: Male Female Spayed/Neutered: Yes No Vaccination Current: Yes No

of Cats: _____ Spayed / Neutered: Yes No Vaccination Current: Yes No

Any other pets? _____

Name of your veterinarian: _____ Phone: _____

Microchip Consent:

(1) With your 24 PetWatch microchip, 24 PetWatch is offering you free lost pet services for the lifetime of your adopted pet, as well as exclusive offers, promotions and the latest information from 24 PetWatch regarding your pet's microchip and insurance services. PetHealth Services (USA), Inc, PetHealth Services, Inc., PTZ Insurance Services Ltd., and PTZ Insurance Agency, Ltd. May contact you via commercial electronic messages, automatic telephone dialing systems, pre-recorded/automated messages or text messages at the telephone number provided above, including your mobile number. These calls or emails are not a condition of the purchase of any goods or services. You understand that if you choose not to provide your consent, you will not receive electronic enrollment notification regarding the trial/gift/voucher of insurance and/or free lost pet services which includes being contacted with information in the event that your pet goes missing.

You may withdraw your consent at any time. Accept _____ Decline _____

NOTE: Adopter can call 1-866-597-2424 to refuse these services, but keep in mind refusal of these services means you will NOT be contacted if your lost pet is found.

Adopter can go to www.mypethealth.com to verify your current information is correct or to change or update your information. This is also the link for reporting lost pets.

(2) Would you like to opt into Petco Pals Reward Program to get rewards on purchases, special savings and members-only emails and offers for your new pet? Accept _____ Decline _____



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 animal, 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 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, 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. Of applicable, adopter understands that the dog/puppy has been diagnosed with the following condition or fault, and realized 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 the age, health, breed, habits, disposition or safety of the animal. Adopter 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, 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. Adopter further promises and agrees 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 dog/puppy.

_____ 14. Adopter agrees to call BAHS within 24 hours if the animal ever 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 if adopter does not adhere to these terms, if the adopter has misrepresented himself/herself, or if the adopter has adopted the animal under false pretenses, this animal 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 dependents:

1. How long have you lived at your present address? _____
2. What will you do with your pet if you:
 - a. Go TDY? _____
 - b. Go PCS? _____
 - c. 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.

Name of Adopter (Please Print): _____

Adopter signature: _____ Date: _____

Donation received: _____ CASH _____ CHECK # _____ PAYPAL _____ NETWORK FOR GOOD _____

BAHS Adoption Counselor: _____ Date: _____