

# BVAS ADOPTION APPLICATION

Date: \_\_\_\_\_ Adoptable Pet Name: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you live in a: House  Apt  Condo  Mobile Home  Other

Do you (circle one): Rent Own Live at Parent's or Relatives Home

Landlord Name and Phone Number: \_\_\_\_\_

Do you have a secure fenced yard? YES NO Fence Type and Height: \_\_\_\_\_

How many adults are in your household? \_\_\_\_\_ Children and ages: \_\_\_\_\_

Where will the dog/cat be kept during the day? \_\_\_\_\_ At Night? \_\_\_\_\_

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What animals currently live in your household or have lived with you over the past **5 years**?

(Please use an additional piece of paper if needed to list ALL)

Species	Breed	Pets Name	Age	Sex	Spayed/Neutered (Yes or No)
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Are all the animals you have now up to date on their rabies and distemper vaccinations? Y N Unsure

What veterinarian have you used for your animals? Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Clinic Phone Number: \_\_\_\_\_

By signing below, I certify that the information I have given is true, and I realize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that the BVAS has the right to deny my request to adopt an animal for any situation that would be contrary to the shelter's adoption policies, in violation of any state or local ordinances, or not in the best interest of the animal. I authorize investigation of all statements in this application. I also authorize my veterinarian to release any information requested by the BVAS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_