

# Adoption Application



DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Adoptable Pet Name: \_\_\_\_\_

NAME(s): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (STREET # & NAME)

\_\_\_\_\_ (CITY / STATE / ZIP)

Phone number (c): \_\_\_\_\_ Alternate number \_\_\_\_\_

Email address : \_\_\_\_\_

Do you live in a (Pick one) House  Apt  Condo  Mobile Home  Other \_\_\_\_\_

Do you (Pick one) Own  Rent  Live at parents or relatives

Landlord Name and Phone number: \_\_\_\_\_

Do you have a secured fenced yard? Yes  No  Fence type and height: \_\_\_\_\_

Number of Adults in household \_\_\_\_ Children under 18 and ages \_\_\_\_\_

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

**What animals currently live in your household or have lived with you over the past 5 years?  
(Please use the back of paper if needed to list all)**

SPECIES	BREED	PETS NAME	AGE	SEX	SPAYED / NEUTERED (yes or no)

Are your animals up-to-date on rabies and distemper vaccinations? Y  N  Unsure

What veterinarian have you used for your animals? Dr. \_\_\_\_\_

Clinic name \_\_\_\_\_ Clinic Phone # \_\_\_\_\_

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 stat or local ordinance, 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: \_\_\_\_/\_\_\_\_/\_\_\_\_