

BCAC Application for Adoption

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Employer: _____ Active Duty Military: Y N

Would you be willing to let us visit your home before the adoption process is completed: Y N

Name of the pet you are applying for: _____ Dog Cat

This pet is wanted for: Companionship Protection Gift Other _____

This pet will be without human companionship for approximately: _____ hours per day
 _____ days per week

Please provide the following information about your household:

- Number of adults: _____ Ages: _____
- Number of Children: _____ Ages: _____

Allergies: Dogs Y N Cats Y N

Who will be responsible for the pets care? _____

What type of home to you live in? House Apartment Condo Mobile home Farm

Other: _____

Do you: Own Rent/Lease Live with parents (must have permission from parents to apply)

Landlord's name: _____ Phone: _____

Does your Landlord or Apt. complex have breed or size restrictions? Y N

Can you provide a copy of your Rental/Lease agreements Pet Policy? Y N

List Dogs/Cats you own or have owned in the past 5 years:

Name	Type/Breed	Kept Where	Age	Sex	Altered	Still Own
				M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
				M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
				M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
				M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

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What will you do with your pets if you move in the future? _____

Do you realize that a dog or cat may live 15 years or more? Y N

Are you prepared to allow up to 2 week for your pet to adjust to their new surroundings? Y N

Have you ever given a pet away? Y N

When: _____ Why: _____

Are your pets current on their vaccinations? Y N

Are you financially able to provide annual checkups, vaccinations, and medical care? Y N

Who is your current Veterinarian or the one you plan to use:

- Name: _____
- Address: _____
- Phone: _____

Where will your pets be kept during day?

Indoors Outdoors Crate Pen Garage Other: _____

Where will your pets be kept at night?

Indoors Outdoors Crate Pen Garage Other: _____

Do you have a fenced yard? Y N

Type of fence: Chain link Privacy Wrought Iron Vinyl Other: _____ Height: _____

For Cat Adoption:

- Is your cat going to be an indoor only cat? Y N
- Are you planning on declawing your cat? Y N
- Are you aware that a declawed cat must be kept inside? Y N

Have you ever adopted a pet from a rescue/animal control agency before? Y N

Have you ever been had an adoption application rejected? Y N

If yes, please explain: _____

Signature: _____ Date: _____