

APPLICATION TO ADOPT A DOG OR PUPPY

Adopter's Name:			Age (if under 18):					
Street Ad	dress:							
	Please draw a map on the l	back of this paper sh	owing wh	ere your house	is (or	print dire	ctions).	
P. O. Box:	Phon	Phone (H):		(Cell):		(W):		
	1. Have you adopted an animal from The Bahamas Humane			e Society before?		YES	NO	
	2. Do you still have it?	YES NO	If 'NO',	where is it?				
	3. Is your yard fenced and g	ated enough to stop	the anima	al escaping?		YES	NO	
	4. Which of the following would you prefer to adopt? Dog				og	Puppy		
	5. Are you looking for a	household pet	or	guard dog	or	outside	e dog ?	
	6. If outdoors, what type of shelter will be provided?							
	7. Will the dog be tied for a If 'YES', when and	ny period? why?		NO				
	8. What other animals do you currently have?							
	9. Do you have children?							
	10. What hours will someor							
	11. What hours will someone be routinely with the dog on weekends?							
	12. Who will care for the dog on days when you are not at home?							
	13. Do you have a vehicle to be able to transport the dog to the vet?							
	14. If you are renting, do you have your landlord's permission to have a pet?						NO	

By signing below, I undertake to provide the dog/puppy with proper and necessary care and attention at all time I permit a representative from The Bahamas Humane Society to visit and check this animal where it will be living

I acknowledge that the adoption fee includes spaying/neutering and first shots.

I accept that all other veterinary care or treatment is my responsibility.

If the puppy is too young to be spayed, I WILL bring it back for spaying/neutering on the appointed date.

I acknowledge that failure to do so may result in the Bahamas Humane Society taking the puppy back.

I agree that The Bahamas Humane Society has the right to have the dog/puppy returned if I have made a false statement on this application. I agree that I will not part with this dog/puppy, nor sell or dispose of it in any way except to return it to The Bahamas Humane Society.

Signature:			Date:			
		For BHS office use only				
Interviewer cor	nments:					
Home check co	mments:					
ACCEPTED	DECLINED	Ву:	Date:			
			January 2014			