



BULVERDE AREA HUMANE SOCIETY

P.O. BOX 50, BULVERDE, TEXAS 78163

830-980-2247

Email: BAHShelter@yahoo.com

www.bulverdeareahumanesociety.com

CAT ADOPTION APPLICATION/CONTRACT TERMS

Date: _____ How did you learn about BAHS?: _____

Adopted Animal (BAHS Name): _____ Cat _____ Kitten

Name: _____

Address: _____

City/State: _____ Zip: _____ Email: _____

Phone: (Primary) _____ (Alternate) _____

Emergency Contact: _____ Phone: _____

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

List the ages of anyone under 18: _____

Does anyone in your home have allergies to cats? Yes No

Is everyone in the home agreeable and aware of your interest in adopting? Yes No

Why are you adopting a kitty? _____

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

Does your home have a fenced yard? Yes No

If yes, type and height: _____

Do you: Own Rent Live with a relative or friend

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

Name: _____ Telephone Number: _____

Have you adopted from BAHS in the past? _____

Have you had to surrender or re-home a pet in the last ten years? If so, why? _____

What would make you surrender this animal? _____

Who will be responsible for taking care of this cat/kitten? _____

Where will the cat/kitten be housed?: Indoors Outdoors Both Indoors and Outdoors

If outdoors, what type of shelter is available for the animal?

 Dog House Shed/Outbuilding Trees/Bushes Covered Patio

Approximately, how many hours a day will your cat/kitten be alone?

 Almost Never 1 - 6 hours 6 - 10 hours 10+ hours

Where will the pet spend the hours you are away?

 Loose in the house Confined to a room(s) Kennel/Crate Outside Other _____

Where will the pet sleep: Outside Inside the house Inside another structure

What will you do with your cat/kitten if you go on vacation? _____

What will you do if you can no longer keep the cat/kitten or must move and cannot take the cat/kitten with you?

Do you plan to have the cat/kitten declawed? Yes _____ No _____ Not Sure _____

Have you ever had a cat/kitten declawed? Yes _____ No _____ Not Sure

Do you currently have a pet(s)? Yes No If yes, please list below:

of Dogs: _____ Spayed/Neutered: yes/no Vaccination Current: yes/no

of Cats: _____ Spayed/Neutered: yes/no Vaccination Current: yes/no

Other pets: _____

Do you have a regular veterinarian? Yes No

If yes, name and telephone number: _____

Are you interested in supporting BAHS (Volunteering, Monthly Donation) Yes No

If yes, how? _____

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 cat/kitten I have adopted from Bulverde Area Humane Society (hereafter known as BAHS), including but not limited to sufficient food, water, shelter, **medical attention, all required vaccinations and humane treatment.** If I am unable to keep this cat/kitten, I hereby **agree to return it to BAHS on a *space available basis*.** If the cat/kitten 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 cat/kitten directly to BAHS, at which time BAHS shall have sole discretion to determine the proper disposition of the cat/kitten.

_____ 2. I am 18 years of age or older and I am adopting this cat/kitten as **my own companion animal.** I will not give it as a gift, or resell it, or use it for breeding purposes, experimental purposes, or as a food animal. I agree that the cat/kitten will be kept as a domesticated house pet, and that the pet will be an indoor-only family pet. Cats/kittens should be indoor-only pets, unless there is access to a fully enclosed outside structure..

_____ 3. To NEVER have the cat/kitten declawed or modified in any way.

_____ 4. To have the cat/kitten inoculated against rabies according to County requirements and licensed according to the City ordinance of the City in which I reside.

_____ 5. To give the cat/kitten appropriate medical attention, when warranted.

_____ 6. To abide by all State and County laws and City ordinances regulating animals.

_____ 7. If at anytime I have to return the animal to BAHS, the cat/kitten will have at least three months left on current vaccines and have a current (in past month) negative feline aids/leukemia test.

_____ 8. BAHS does not reimburse for outside veterinary bills.

_____ 9. I understand and agree that BAHS makes no express or implied warranty, representation or promise relating to my ability to obtain or maintain insurance for any personal injury or property damage caused by the cat/kitten. I understand that depending on the breed of the animal that I have adopted, such liability insurance may be unavailable or denied.

_____ 10. I understand and agree that BAHS makes no implied warranty, representation or promise as to the age, health, breed, habits, disposition or safety of the cat/kitten. I do hereby, 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, attorney 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 cat/kitten to another animal or person. I further promise and agree 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 attorney fees, that arise out of or relate to my adoption or ownership of the cat/kitten.

_____ 11. I further understand if I do not adhere to these terms, if I have misrepresented myself, or if I have adopted the cat/kitten under false pretenses, this animal may be reclaimed by BAHS.

_____ 12. I agree to call BAHS within 24 hours if the cat/kitten ever escapes or is lost.

_____ 13. If applicable, I understand that I am adopting this cat or kitten with the following diagnosed condition or fault, and I realize that this animal may need further training or treatment for: _____

_____ 14. I herewith 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. This is non-refundable.

BAHS Cat Return Policy

Cats or kittens adopted from BAHS may be returned within 14 days of adoption date (if space is available) and are entitled to a full refund, if desired. After 14 days, Adopter agrees to the following terms, if/when cat(s)/kittens(s) is/are returned to the shelter.

- _____ 1. Cats(s)/Kitten(s) is/are up-to-date on vaccinations (includes Rabies and FVRCP).
- _____ 2. Cats(s)/Kitten(s) has/have been recently tested for Feline AIDS and Feline Leukemia and is/are negative for both.
- _____ 3. Cats(s)/Kitten(s) is/are socialized. BAHS will assess temperament of cats(s) for future adoption.
- _____ 4. Cats(s)/Kitten(s) has/have seen a vet on a regular basis (at least once a year).
- _____ 5. All up-to-date medical records must be included with the returning cat(s)/kittens(s) and will be retained by BAHS.
- _____ 6. A fee of \$60.00 for each returned cat/kitten will be assessed.
- _____ 7. BAHS must be contacted for permission to return cat(s)/kitten(s) to determine if space is available. If space is not available, adopter will be contacted when a slot opens.
- _____ 8. If cat/kitten is returned due to military orders, a copy of the orders must be provided to BAHS, and adopter must give BAHS advance notification (at least two weeks notice) regarding return of cat/kitten.

TO BE COMPLETED BY ACTIVE DUTY MILITARY PERSONNEL AND/OR THEIR DEPENDENTS.

1. How long have you lived at your present address? _____
2. What will you do with your cat or kitten:
 - A) If you go TDY?
 - B) If you go PCS?
 - C) If you 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: _____

Adoption Donation Received: Cash \$_____ Check #_____ PayPal_____ Network for Good _____

BAHS Adoption Counselor: _____ Date: _____