



BULVERDE AREA HUMANE SOCIETY

P. O. BOX 50, BULVERDE, TX 78163

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www.bulverdeareahumanesociety.com

CAT ADOPTION APPLICATION/CONTRACT TERMS

How did you learn about BAHS? _____

Date: _____

Adopted Animal: _____ Cat _____ Kitten

Name: _____

Address: _____

City/State: _____ Zip: _____ Email: _____

Phone (Primary): _____ Phone (Alternate): _____

Emergency Contact(s): _____ Phone(s): _____

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, please provide name and telephone number for the landlord or person you are living with:

Name and Telephone Number: _____

Who will be responsible for taking care of the 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 new cat/kitten be alone?

Almost Never **1 – 6 Hours** **6 – 10 Hours** **10+ Hours**

Where will the cat/kitten spend the hours you are away?

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

Where will the cat/kitten sleep? **Outside** **Inside the house** **Inside another structure**

What will you do with your cat/kitten when 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**

Do you currently have any pets? **Yes** **No** **If yes, please list below.**

of Dogs: _____ **Spayed/Neutered: Yes No** **Vaccinations Current: Yes No**

of Cats: _____ **Spayed/Neutered: Yes No** **Vaccinations Current: Yes No**

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? _____

Adoption Donation Amount Received: **Cash \$** _____ **Check #** _____ **Paypal** _____

Adopter Signature: _____ **Date:** _____

BAHS Adoption Counselor: _____

I, the undersigned Adopter, agree with BAHS to the following:

_____ 1. To PROVIDE ALL PROPER AND NECESSARY CARE AND TREATMENT for the cat or kitten I have adopted from Bulverde Area Humane Society (hereafter known as BAHS), including but not limited to sufficient food, water, shelter, and MEDICAL ATTENTION, ALL REQUIRED VACCINATIONS and humane treatment. If I am unable to keep this cat/kitten, I hereby agree to return the cat/kitten 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 cat/kitten 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 3 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 animal. 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 express or implied warranty, representation or promise as 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, illness to the cat/kitten or illness or parasite transmitted 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. It is non-refundable.

Adopter Signature: _____ Date: _____



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 so desired. After 14 days, Adopter agrees to the following terms, if/when cat(s)/kitten(s) is/are returned to shelter:

- 1) ____ Cat(s)/Kitten(s) is/are up-to-date on vaccinations (includes Rabies and FVRCP)
- 2) ____ Cat(s)/Kitten(s) has/have been recently tested for Feline AIDS and Feline Leukemia and is/are negative for both.
- 3) ____ Cat(s)/Kitten(s) is/are socialized. BAHS will assess temperament of cat(s) for future adoption.
- 4) ____ Cat(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)/kitten(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.

Name of Cat/Kitten: _____

Name of Adopter (Please Print): _____

Adopter Signature: _____

BAHS Representative: _____

Date: _____