

Bella Vista Animal Shelter, Inc.
ADOPTION APPLICATION

Date: _____ Adoptable Pet Name: _____

Name(s) _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Do you live in a: _____ House _____ Apartment _____ Condo _____ Mobile Home _____ Other _____

Do you (circle one): Rent Own Live at Parent's or Relatives Home

Landlord Name and Phone Number: _____

Do you have a secure fenced yard? YES NO Fence Type and Height: _____

How many adults are in your household? _____ Children 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 an additional piece of paper if needed to list ALL)

Species	Breed	Pets Name	Age	Sex	Spayed/Neutered (Yes or No)

Are all the animals you have now up to date on their rabies and distemper vaccinations? Y N Unsure

What veterinarian have you used for your animals? Name: _____

Clinic Name: _____ Clinic Phone Number: _____

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 an situation that would be contrary to the shelter's adoption policies, in violation of any state or local ordinances, 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: _____