

CANINE ADOPTION APPLICATION

BOUDREAUX'S ANIMAL RESCUE KREWE (B.A.R.K.)
P.O. Box 404, Tioga, Louisiana 71477-0404
Jillian's Cell: 318.308.6862 or Eva's Cell: 318.623-0613

Animal Name: _____ Description of Animal: _____
Color: _____ Sex: _____ Age: _____
Adoption Donation: _____ Spay/neuter refund: _____
Date of Adoption: _____

Our purpose is to place our animals in a responsible home where they will live in a house, or a fenced yard with proper food, water, and shelter, **NOT** to be chained outside. The animals **MUST** receive adequate food & water. In addition, these animals must receive proper veterinary care and yearly vaccinations as well as heartworm preventative pills.

This animal **shall not** be sold, given to anyone, abandoned, disposed of in any way or used for experimental purposes. B.A.R.K. **must be notified** if you are unable to keep the animal. If it becomes necessary to return the animal to B.A.R.K., we implore you to please call us immediately to make arrangements for return. B.A.R.K. reserves the right to visit the animal to insure that all the conditions of this contract have been met. If the adopting party doesn't meet any terms of this agreement, ownership is **voided** and the animal is returned to B.A.R.K. There is a 48 hour waiting period for approval of application.

****EMERGENCY PHONE NUMBERS: EVA LONG: 318.623.0613, JULIAN LONG: 318.542.5401
JILLIAN DONAGHEY: 318.308.6862****

If animal has not been spayed or neutered, it must be altered within the date specified. I agree to have my adult pet altered within ten (10) days following the adoption. If it is a puppy, I will have him/her altered within 120 days following the adoption. If the animal has not been spayed/neutered within the time allowed, B.A.R.K. reserves the right to retrieve the animal.

Applicant's Information

Name: _____ Driver's license #: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: Home: _____ Cell: _____
Email Address: _____
Number of people in household: _____ If children, list ages: _____
Are you or any of your family members allergic to pets: yes no
Name & number of your employer: _____
If you are not employed, please list why: _____

House/Yard Information

Type of residence: house apartment condo mobile home
If you are renting, are dogs allowed? yes no
If yes, are there size restrictions for your pet: _____
Complex name/address: _____
Manager/Landlord Name & Number: _____
Current Housing Location: City Limits Outside City Limits
Type of Street: very busy slight traffic residential area country road
Where will the dog live? inside only outside only mostly inside
mostly outside
Please explain: _____

Where will the dog spend the nights: _____
Do you have a fully fenced yard: yes no If yes, how high? _____
Will you allow the dog to run loose? yes no
If yes, where? _____
How many hours per day will the dog be left alone? _____
Where will the dog stay when left alone? _____

Pet Information

Please tell me about your past or current animals:

<u>Name of Pet:</u>	<u>Years owned:</u>	<u>Spayed:</u>	<u>Where is pet now:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list your veterinarian clinic name and phone number:

Do you consider your pet as a member of your family? yes no

Are you willing to take responsibility if this pet acquires an illness? yes no

Are you willing and able to pay the veterinary costs of caring for your new pet?
Yes no

Are you willing to take the time to work with your new pet on housebreaking, chewing, etc.? yes no If yes, please explain your method _____

I agree to take _____ to the vet to get a prescription for heartworm preventative. All dogs must continue to be on heartworm prevention medication as they might be carrying the larvae or been bite by an infected mosquito.

Please read & initial the following statements:

_____ I will take the dog to my vet within a month to get heartworm preventative prescription.

_____ I also agree to keep this dog up to date on all vaccinations.

_____ I have agree to have this dog spayed/neutered by 6 months of age or within 10 days of adoption if the dog is over 6 months of age.

I (we) agree to the terms of this agreement.

Signature of New Owner

Signature of B.A.R.K. Representative