

**BAINBRIDGE-DECATUR COUNTY HUMANE SOCIETY, INC.**



**ANIMAL SHELTER  
PET APPLICATION AND ADOPTION AGREEMENT  
No Refunds - Exchanges Only  
No Exchanges After 15 Days**

1300 Cox Avenue  
P. O. Box 429  
Bainbridge, GA 39818  
Shelter: 229-246-0101  
www.bainbridgehumanesociety.com

**PLEASE PRINT**

SHELTER ID #: \_\_\_\_\_  
Adopter Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**ANIMAL DESCRIPTION**

DOG CAT MALE FEMALE Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_  
Good With Children?  Yes  No Housebroken?  Yes  No  
Spayed/Neutered?  Yes  No SPAY/NEUTER BY THIS DATE: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Vaccinations Given Other Medical Information  
5 in 1 \_\_\_\_\_ The Humane Society recommends these additional shots,  
Wormed \_\_\_\_\_ at the owner's expense: heartworm check and rabies  
Other \_\_\_\_\_ vaccinations if dog is 3 months or older, for cats Fe/v check  
and series Rabies if 3 months or older.

**YOU MUST BE 18 YEARS OF AGE TO ADOPT.**

I have adopted this pet from the Bainbridge-Decatur County Humane Society, Inc. Animal Shelter, to be a companion for me and my immediate family. If at any time in the future I find that I cannot keep (or choose not to keep) the animal, I agree to return it to the Bainbridge-Decatur County Humane Society, Inc Animal Shelter.

I understand that the Bainbridge-Decatur County Humane Society, Inc. Animal Shelter does not guarantee the health of any animal at the time of adoption or thereafter. Should my veterinarian find the animal to be unhealthy, it is agreed that I may return the animal to the Bainbridge-Decatur County Humane Society, Inc Animal Shelter within 15 days of adoption and exchange it for an animal with an equal adoption fee.

I promise, contract and agree to abide by my city, county, and state animal control ordinances and statutes, with regard to animal care, inoculations, custody, control and humane treatment. I agree to provide at least the minimum annual veterinary treatment recommended by my veterinarian. I understand that pursuant to State Law;  
"4-14-3(2) Entering into a written agreement with the person acquiring such animal guaranteeing that sterilization will be performed by a licensed veterinarian within 30 days after acquisition of such animal in the case of an adult animal or within 30 days of the sexual maturity of the animal in the case of an immature animal;..."  
this pet must be spayed or neutered within the time period stated by a licensed veterinarian.

I understand, contract and agree that the Bainbridge-Decatur County Humane Society, Inc. or the City of Bainbridge Animal Control Officer may examine and make inquiry about said animal at any time and if not satisfied with conditions may reclaim custody of said animal.

I understand, contract and agree that failure to comply with any of the above requirements to the satisfaction of the Bainbridge-Decatur County Humane Society, Inc Animal Shelter will void this adoption agreement and will also require me to return and release the animal to the Bainbridge-Decatur County Humane Society, Inc. Animal Shelter without charge or recourse of any character for licensing, fee, service fees, maintenance, care fees, or other. I understand and agree that the Bainbridge-Decatur County Humane Society, Inc. Animal Shelter cannot and will not allow any refunds for adoption fees.

The Bainbridge-Decatur County Humane Society, Inc., the City of Bainbridge, or its agent will not be responsible for any accident, injury or illness to any persons or animals resulting from an adopted Bainbridge-Decatur County Humane Society, Inc. animal.

I understand and consent to the release of the above information to Hill's Pet Nutrition, Inc. for their exclusive use in providing adopters with product coupons and information.

**I HAVE READ AND UNDERSTOOD THE ABOVE AND AGREE TO ABIDE BY ITS CONTENTS.**

Signature fo Adopter: \_\_\_\_\_ DATE \_\_\_\_\_

Bainbridge-Decatur County Humane Society, Inc. Representative: \_\_\_\_\_

**Bainbridge-Decatur County Humane Society, Inc.**

**Application Questionnaire**

**Please Fill Out and/or Circle the Following:**

Please indicate why you are interested in adopting a animal. (Circle all that apply) • Companion for other Pet • Gift • Family Pet • Child's Pet • Companion for Self • Mouser • Other (Please Specify) \_\_\_\_\_

Will anyone in your household be surprised by the adoption of this animal? • Yes • No

If yes, who will it be and why? \_\_\_\_\_

How many adults live in the household? \_\_\_\_\_

Do any children live in your household? • Yes • No If yes, how many? \_\_\_\_\_

If yes, please list their ages \_\_\_\_\_

What pets do you currently have (please list types, quantities, and ages)? \_\_\_\_\_

Type of animal/Name Quantity Ages \_\_\_\_\_

In addition to those listed above, what other pets have you had in the last five years? \_\_\_\_\_

Please describe what happened to each of those pets (put to sleep, run over, died of old age, given away, killed, etc., ...please be specific) \_\_\_\_\_

Have your current pets been spayed or neutered? • Yes • No • NA

Are your current pets up-to-date on their shots? • Yes • No • NA

Please list your veterinarian's name and phone number:

What percentage of time will the animal live indoors? \_\_\_\_\_ %

Do any of your current pets spend any time outdoors? • Yes • No • NA

If yes, please describe \_\_\_\_\_

How much interaction will members of your household have with the animal?

Have you ever had problems with fleas or ticks? • Yes • No

If yes, how did you handle it?

Who will be primarily responsible for the daily care of this animal? \_\_\_\_\_

When home alone, where will the animal stay? • Garage • Basement • Run of the house • Outdoors • One room of the house • Other (please specify) \_\_\_\_\_

Where will the animal sleep at night?

Do you have a pet door? • Yes • No

Have you ever given up a pet in the past? • Yes • No

If yes, please describe. \_\_\_\_\_

If your animal develops chronic or serious medical problems, what will you do?

Please circle where you live: • Apartment • Condo • Townhouse • Mobile Home/Trailer • Single Family Home

Do you: • Own • Rent

Do you have a fenced yard? • Yes • No

If no, how do you plan to contain the animal on your premise?

If you move, will your pets go with you? • Yes • No

If no, please explain:

Are you willing to allow a representative from Bainbridge-Decatur County Humane Society, Inc. visit your home by appointment?

• Yes • No

How did you hear about the B-DC Humane Society? \_\_\_\_\_

Signature of Adopter: \_\_\_\_\_ Date: \_\_\_\_\_