

BOSTON TERRIER RESCUE OF WEST VIRGINIA
ADOPTION APPLICATION

1. Name _____ phone (days) _____ home (eves) _____
Address: _____
City, State, Zip _____

Occupation: _____

2. How long at present address? _____ Do you: ___ own or ___ rent?
*Renters must attach a copy of your lease or notarized statement from your landlord stating a pet this size is permitted. If you move, what will you do with this animal?

3. Where will the pet be kept during the day?

Where at night?

When no one is home? _____ When you are on vacation?

How long will pet be left alone each day?

4. Exercise and elimination for pet will be: _____ on lead; _____ chain or trolley; _____ fenced yard (totally enclosed) _____ partially fenced area; _____ electronic/radio fence; _____ loose in yard; _____ indoor potty area (papers, box)

5. How many adults live in household? _____ Ages :

How many children? _____ Ages:

How many children visit (grandchildren, etc;) _____ Ages?

Who will be responsible for caring for this animal?

6. Veterinarian name and phone:

Please list two other references we may contact regarding this adoption:

NAME	RELATIONSHIP	PHONE	Best time to call
------	--------------	-------	-------------------

_____	_____	_____	
_____	_____	_____	

7. Please list all pets you have owned in the past five years (if none, include pets owned in your adult life):

Type (cat, dog: Breed)	Age	Gender	spayed/neutered	where is it now?
------------------------	-----	--------	-----------------	------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you have ever had a pet lost or die at an early age or due to accident, please give details.

Have you ever given a pet up? YES NO If yes, please explain.

8. How much do you plan to spend on this animal each year? (Consider food, vet care, boarding, licensing, etc;

9. Dog sought: Circle your choices: MALE FEMALE Prefer or Must Have
Age Desired: _____

Will you consider a dog over 3 years of age?	YES	NO
One over 6 years of age?	YES	NO
Over 10 years of age?	YES	NO
Will you consider a dog that is not housebroken?	YES	NO
One with some health problems?	YES	NO
One with some behavior problems?	YES	NO
Are looks or size important? If so, explain.	YES	NO

10. Do you agree to return this dog to the Boston Terrier Rescue of West Virginia if you are unable to keep it for any reason? YES NO

THE BOSTON TERRIER RESCUE OF WEST VIRGINIA RESERVES THE RIGHT TO REFUSE ANY APPLICATION

I certify that all the information on this application is true and complete. I understand that if chosen as an adoptive home, I will comply with following conditions of adoption.

1. ADOPTER shall keep BOSTON as an indoor pet, and will provide BOSTON with identification at all times (collar, tag, tattoo or microchip). BOSTON will be kept under control at all times when off ADOPTER'S property.
2. ADOPTER shall provide adequate veterinary care for BOSTON including annual vaccinations, rabies vaccinations as needed, and any other care recommended by BOSTON'S veterinarian. ADOPTER will take BOSTON to veterinarian if ill. If ADOPTER is unable to do so, ADOPTER will notify BTRWV rescue contact.
3. ADOPTER agrees to notify BTRWV rescue contact of any change of address or telephone of adopter.
4. If BOSTON is lost or stolen, ADOPTER will immediately notify BTRWV rescue contact.
5. ADOPTER shall return BOSTON to BTRWV rescue, if under any circumstances, ADOPTER is no longer able to keep or provide for BOSTON. ADOPTER shall not sell, give, or otherwise transfer BOSTON to anyone other than BTRWV rescue.
6. ADOPTER REPRESENTS THAT NO MEMBER OF HOUSEHOLD HAS EVER BEEN CHARGED WITH CRUELTY TO ANIMALS
7. ADOPTER shall indemnify and hold harmless BTRWV, Inc. and its members from any and all loss, damage, or expense. BTRWV, INC. does not warrant the temperament or behavior of BOSTON. BTRWV, Inc. does not warrant the health of BOSTON. BTRWV, Inc. is not liable for acts of BOSTON after placement with adopter.

Signature of all applicants residing in household:

DATE:

Please complete and return application to:

Susan Hunter

304-864-3460

PO Box 1632

Morgantown WV 26507