

WHEN COMPLETED, FAX TO (242)351-7438, ATTENTION: TIP BURROWS.
If fax is out due to storms, fax to (305) 251-4408, ATTN: Jana Sheeder, Volunteer



**GRAND BAHAMA HUMANE SOCIETY (GBHS)
ADOPTION FORM**

NAME _____
PHONE (home) _____
(work) _____
(cell) _____
ADDRESS _____
E-MAIL _____

1. Why do you want a pet?

2. How many pets do you presently own? _____
3. Describe them:

4. How many other pets have you had in the last five years? _____
5. Where are they now?

6. Have you adopted from the Humane Society before? _____
7. If yes, where is the pet now?

8. Will your pet visit the vet for annual checkups, and will you take your pet to the vet if it becomes sick or injured?

9. Name and phone number of your veterinarian:

10. Is your yard fenced? _____

I agree that the animal(s) I adopt will not be tied or kenneled for any reason other than to temporarily restrain it/them for transport, bathing, or to keep it/them from leaving the house or yard, if a gate or door must be open for short periods of time. I promise to ensure the animal(s) has fresh water available to it at all times, shelter from the sun and rain, and is fed at least once a day (or if a puppy or kitten, feeding times appropriate to their age).

I agree that I will not transfer ownership of the animal(s) to anyone without first contacting the G.B.H.S. for their approval of the new home.

I agree that the G.B.H.S. has the right to make periodic checks on the adopted animal(s). If they find that the animal(s) is being abused, mistreated, neglected, or that the above conditions are not being met, the animal(s) may be removed immediately. I also agree that the adopted animal(s) will be spayed or neutered at six months of age.

SIGNATURE _____ DATE _____

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Animal adopted Cat Kitten Dog Puppy

Name(s) of Animal(s) _____

Total adoption fee due \$ _____

Deposit received \$ _____ Receipt # _____

Balance received \$ _____ Receipt # _____

Donation received \$ _____ Receipt # _____

Thank you!

For adopters living on Grand Bahama, directions to address (for yard check):

Grand Bahama yard check carried out by: _____ Date: _____

Approved: YES NO

Recommendations (if any):

Date of proposed pick-up _____

Animal released TO: _____ BY: _____

Date: _____

* Humane Society of Grand Bahama * P.O. Box F-42741 * Freeport, BS 33404 * (242) 359-5728 *

Thank you for your tax-deductible donations and for helping us to save lives!

tip@coralwave.com * <http://www.qbhs.petfinder.com>