



BCOA Placement Assistance Request Form

Complete and submit to Dee Jones, Breed Welfare Chair – lagniappehounds@att.net
or Assistant Chair, Margaret Lucia – zoidevivre@gmail.com

Street Addresses Available on Request

Member's Name: _____

Address: _____

Ph. No.: _____ E-mail: _____

Dog to be Placed:

Name: _____

Sex: M F Age: _____ Neutered/Spayed: Y N Microchip No.: _____

Breeder's Name (if other than owner): _____

Breeder Contact Information: _____

Picture of Dog Attached: Y N If not attached, when will picture be made available?

Reason for Requesting Placement Assistance:

By my signature I agree to abide by the terms set out in the BCOA Placement Assistance Program. Include check for \$75.00 payable to BCOA Breed Welfare. For other payment methods, contact Dee Jones or Margaret Lucia.

Signature

Date