



## BCOA Placement Assistance Request Form

Complete and submit to Dee Jones, Breed Welfare Chair – [lagniappehounds@att.net](mailto:lagniappehounds@att.net)  
or Assistant Chair, Margaret Lucia – [zoidevivre@gmail.com](mailto: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