|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ‘  C:\Users\Ann\Documents\BEST BULLIES LOGO FILES\final files\Best Bullies.jpg  **ADOPTION APPLICATION** | | | | | | | | | | | | **Adoption Fees:**  **Dog $350**  **Puppy $400 (under 12 months)**  **Plus $200 refundable deposit until spay/neuter** | | | | | | | | |
| Dog’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |  | | | | | |
| Name | | | | | | | | | | | | | | Phone (H) ( ) | | | | | | |
| Address Apt. | | | | | | | | | | | | | | Phone (W) ( ) | | | | | | |
| City State Zip | | | | | | | | | | | | | | Phone (C) ( ) | | | | | | |
| Email address: | | | | | | | | | | | | | |  | | | | | | |
| 1. How did you find out about Best Bullies? | | | | | | | | | | | | | | | | | | | | |
| 2. What is your occupation? | | | | | | | | | | | | | | | | | | | | |
| 3. Do you live in a: | | | | House □ | | | | | Apartment □ | | | | | | | | | | Condo/Co-op □ | |
| 4. Do you: Own □ | | | Rent □ | | | Owner / Landlord / Mgmt Co’s **NAME** | | | | | | | | | | | | | | |
|  | | | |  | | Owner / Landlord / Mgmt Co’s **PHONE** ( ) | | | | | | | | | | | | | | |
| 5. What kind of pet would you like to adopt? | | | | | | | | | | Dog □ | | |  | | | | Puppy □ | | |  |
| 6. You are adopting for: Self □ | | | | | | | | Gift □ | | | | | | | | Family □ | | | | |
| *7.* ***Please list all of the pets that you have had in the last 5 years and the pets that you have now:*** | | | | | | | | | | | | | | | | | | | | |
| **Dog or Cat** | **Name** | **Sex** | | | **Age** | | **Spayed/Neuter** | | | | **Kept Inside or Out? Breed** | | | | | | | **If you no longer have, why?** | | |
|  |  |  | | |  | |  | | | | \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | |
|  |  |  | | |  | |  | | | | \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | |
|  |  |  | | |  | |  | | | | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | |
|  |  |  | | |  | |  | | | | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | |
|  |  |  | | |  | |  | | | | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | |
| 8. **Who is your veterinarian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Do we have your permission to call your vet for a reference? Yes\_\_\_\_\_ No\_\_\_\_\_\_\_**  If you do not have a veterinarian, who do you plan to use? Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| 9.If you have a cat, is she/he declawed? | | | | | | | | | | | | | | | | | | | | |
| 10. How many people live in your household? *Adults* \_\_\_\_\_ *Children* \_\_\_\_\_ *Ages* | | | | | | | | | | | | | | | | | | | | |
| 11. What is their relationship to you? | | | | | | | | | | | | | | | | | | | | |
| 12. Does anyone in your household have allergies? \_\_\_\_\_\_\_ If so, what type? | | | | | | | | | | | | | | | | | | | | |
| 13. Do you work? \_\_\_\_\_\_\_\_\_\_ What hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse’s hours | | | | | | | | | | | | | | | | | | | | |
| 14. Please provide the name and phone number of a personal reference:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) | | | | | | | | | | | | | | | | | | | | |
| 15. Would you be willing to take this animal as early as within five days? **Yes** □ **No** □  16. Are you familiar with breed specific laws in certain states? **Yes** □ **No** □  17. If anything were to happen to you, will you make provisions for your pet? **Yes** □ **No** □  If so, who will take care of your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |

QUESTIONS FOR PEOPLE WANTING TO ADOPT A DOG/PUPPY

1. Check all the reasons for wanting to adopt a dog/puppy: (check all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Guard dog | □ | Hunting | Watchdog | □ |
| Breeding | □ | Companion | Company for another pet | □ |

2. Do you have a fenced yard? \_\_\_\_\_\_\_ How high? feet

3. If you live in an apartment, do you have a balcony? Yes □ No □ N/A □

4. Where will your dog live? Outside □ Inside □ Both □

5. The dog will be outside: (check all that apply)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| When I’m at work | |  | □ | Only for elimination | □ | Only when I supervise supervise | □ |
| ½ hour at a time | |  | □ | For several hours | □ | Never | □ |
|  | Other, please explain: | | | | | | |

6. When your dog/puppy is outside, s/he will be: (check all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| in a fenced yard | □ | in a dog house | □ | in invisible fencing | □ |
| chained | □ | walked on a leash | □ | allowed to run free | □ |
| on a cable run | □ | Local dog park | □ |  |  |

7. This dog may not be completely house-trained. Are you willing work with the dog?

Yes □ No □

8. Will you be crate-training your dog?

Yes □ No □

9. Are you willing to take the dog/puppy to training class?

Yes □ No □

**I hereby affirm that I have given true and accurate information on this application.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

BEST BULLIES RESERVES THE RIGHT TO REFUSE ANY ADOPTION   
**www.bestbullies.org**