



ADOPTION APPLICATION

Basic Information

Name: _____

Street address: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Employer: _____

How long at current job: _____

Provide two references that are not members of your immediate family:

Personal reference #1: _____ phone: _____

Relationship: _____ years known: _____

Personal reference #2: _____ phone: _____

Relationship: _____ years known: _____

About Your Home

Do you live in a(n)?:

House Townhouse Apartment/ Condo Other: _____

Your home is:

- Owned, by you or your spouse/life partner
- Owned, by someone else within the house
- Rented directly from the owner or through a management company
- Rented as a part of a group of roommates
- Other: _____

If renting, is your name on the lease? YES NO _____

If renting, do you have your landlord's permission to have a Bully Breed dog? _____

Landlord's name and phone: _____

Who shares your household?

Spouse/Life Partner Roommate(s) # _____

Boyfriend/Girlfriend Other: _____

Are there children in the home? YES NO

If yes, how many? _____ How old? _____

At what age do you feel children are responsible enough to take care of a pet without assistance? (i.e. walk, feed, train) _____

If your present relationship/ living situation were to change and you were no longer able to care for the dog, a new application must be submitted and approved in order to transfer ownership.

Initial: _____

Do you plan to move soon? _____

Is someone home during the day? YES NO Who? _____

How many hours will your dog be alone each day? _____

Where will your dog spend most of his/her day when you are home?

indoors garage

yard enclosed patio

indoor/outdoor other: _____

additional info: _____

Where will the dog stay when he/she is alone?

indoor/outdoor (doggy-door)

inside only (specify):

run of the house crate specific room(s): _____

outside only
(specify):

yard garage enclosed patio other: _____

And your yard.....

I do not have a yard at this time (skip to the next section)

What outside areas are available to the dog? (check all that apply)

front yard dog house

back yard garage

enclosed patio other: _____

Do you have a doggie door? YES NO

Is your yard shared with neighbors? YES NO

Is your yard fenced? YES NO What is the type of fence? _____

Fence height? _____ Highest point _____ Lowest Point

Have you recently inspected your fences? YES NO

Are they in good condition with no holes or loose points? YES NO

Your Experience with Dogs.....

How would you describe your dog owning experience?

I have had dogs of my own as an adult

I grew up with dogs or have worked with them but have not had my own as an adult

I have never had one or have limited experience with dogs

Other: _____

Have you owned a pit bull/ bully breed before? YES NO

If no, what is your experience with them? _____

What do you appreciate about this breed? _____

Are you aware of the powerful nature of this breed?

YES NO

How are you prepared to address the power/ strength of the dog if it becomes an issue?

Please be specific:

How many dogs have you owned in the past 5 years? _____

What happened to the other dog(s)? _____

Do you currently have pets? YES NO If yes, please complete the following:

Type Breed Gender Age Spay/Neutered? If not, why?

How do you feel your current pets will adjust to a new dog in the house? _____

Have you had experience with behavioral or medical issues with your previous or current pets?

If yes, please describe: _____

About this dog.....

Why do you want to adopt a rescued pit bull/bully breed? _____

How will you exercise your dog? _____ How often? _____

What type of training are you interested in doing with your pit bull? _____

Have you or would you be willing to enroll your current dog(s) in obedience classes?

YES NO only if I had problems

How would you discipline your dog if he or she misbehaved/ chewed household items? _____

What method do you intend to use to housetrain your dog? (check all that apply)

Rub nose in offending spot Take out every couple of hours

Crate training Consult professional

Other: _____

If your pit bull develops behavioral problems, what will you do? _____

Do you understand your dog needs continuous consistent training before taking off leash?

YES NO

Additional information.....

If your dog got out/ was lost, what would you do? _____

Pets are an investment of your time and money. Can you afford to provide medical care,

grooming, proper diet, shelter, and exercise for your new dog? YES NO

Other concerns: _____

Are you able to make a long-term commitment to care for your pet for its entire life span, which could be as long as 15 years or more? YES NO

Who is your veterinarian (name and phone)? _____

If you do not currently have a vet, would you like a referral? Yes, please

If you move, what will you do with your dog? _____

Which of the following reasons might force you to give up your dog? (Check all that apply):

excessive barking/ neighbor complaints aggressive on leash destructive chewing

biting/aggression digging divorce/separation allergies

shedding/ dirty not trainable poor watchdog moving/relocating

house-training problems financial problems growling/nipping at guests

excessive vet bills/chronic illness having a baby nips or bites children

new spouse/ partner doesn't like dogs pets aren't getting along

None of the above

other: _____

and finally.....

Please read and initial each statement below:

_____ I understand that a home visit may be required prior to final placement.

_____ I understand that a home visit does not guarantee placement.

_____ I agree to provide my own collar, leash and a personal ID tag at the time of completing the adoption contract.

Signature: _____ **Date:** _____

Print: _____

We reserve the right to refuse adoption to any applicant for any reason. This questionnaire becomes part of our contract.