

Adoption Application	Pet-A-Bulls Rescue	Which pet
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PERSONAL INFORMATION

First Name:	Last Name:	E-mail:	
Address:	City:	State:	Zip:
Occupation:	Work Phone:		
Cell Phone:	Home Phone:		

Briefly tell us about the other adults in your household

Name:	Relationship to you:	Age:
Name:	Relationship to you:	Age:
Name:	Relationship to you:	Age:

Briefly tell us about any children in your household

Name:	Relationship to you:	Age:
Name:	Relationship to you:	Age:
Name:	Relationship to you:	Age:
Name:	Relationship to you:	Age:

Residential Information

If your application is approved, do you consent to a home visit:	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Do you live in a:	<input type="checkbox"/> house	<input type="checkbox"/> apartment	<input type="checkbox"/> other	
Do you:	<input type="checkbox"/> own	<input type="checkbox"/> rent	<input type="checkbox"/> live with family	<input type="checkbox"/> live with others

If you are renting your residence, please provide the following information:

Landlord's Name:	Phone number:
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Does your landlord:

Allow pets:	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
Have size restriction:	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know

Does your residence have:

Fenced yard:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Fence height :	feet	
Doggie door:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Porch:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Patio:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Covered:	<input type="checkbox"/> yes	<input type="checkbox"/> no

Your new pet

Why are you planning to adopt a dog? (check all that apply)		
<input type="checkbox"/> for a companion	<input type="checkbox"/> for hunting	<input type="checkbox"/> bark at strangers
<input type="checkbox"/> for yourself	<input type="checkbox"/> for your family	<input type="checkbox"/> buddy for another pet
<input type="checkbox"/> as a gift	<input type="checkbox"/> as a guard dog	<input type="checkbox"/> running partner
What qualities are you looking for in a new pet?		

Do you have any experience training dogs for any of the following?					
Obedience:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Housebreaking:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Agility:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Other:		
How do you deal with destructive behavior like chewing, digging, or jumping?					
What do you do is your new dog bites or snaps at a family member?					
Who will have the primary responsibility for the following?					
Feeding:			Obedience:		
Vet Care:			Exercise:		
Routine health care can cost up to \$300.00 a year and emergencies are often over \$1,000. Are you willing to provide this care if necessary?					
			<input type="checkbox"/> yes <input type="checkbox"/> no		

Where will your new pet be kept?

At night:	If you move:		
During the day:	When on vacation:		
On an average day, how long will the dog be left alone? Hours	How many days a week?		
Will your new dog be allowed?			
On the bed:	<input type="checkbox"/> yes <input type="checkbox"/> no	In the car:	<input type="checkbox"/> yes <input type="checkbox"/> no
In the pool:	<input type="checkbox"/> yes <input type="checkbox"/> no	In the yard:	<input type="checkbox"/> yes <input type="checkbox"/> no
In the house:	<input type="checkbox"/> yes <input type="checkbox"/> no	On the couch:	<input type="checkbox"/> yes <input type="checkbox"/> no

Current or Previous Pets

How many pets do you have now?					
Dogs:	male	female	Cats:	male	female
Others-Types	male		female		
Are your current pet's vaccines up-to-date?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know		
Are all spayed or neutered?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know		
Current veterinarian's name?					
Current veterinarian's phone number?					
Have you ever had to relinquish an animal to a shelter? <input type="checkbox"/> no <input type="checkbox"/> yes, what were the circumstances?					
May we contact them to ask about your current pets? <input type="checkbox"/> yes <input type="checkbox"/> no					
How many pets have you had in the last 10 years?					
Dogs:	Cats:		Others:		
Please tell us a little bit about your previous pets and anything else you would like us to know about your current pets:					

Signature

Date