



BullyWag, Inc.

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Pre-Adopt / Adoption Application 2017

Name of Pet: _____

This form and a consultation with a BullyWag, Inc. representative are designed to help you find the dog most compatible with your lifestyle. Completion of this application does not guarantee adoption of a BullyWag, Inc. dog. Please respond to the questions below as completely as possible.

In order to be considered as an adopter, you must:

1. Be 21 years of age or older
2. Have a valid driver's license or other government-issued ID
3. Have proof of the knowledge and consent of your landlord if renting
4. Be willing and able to provide proper care, training and medical treatment
5. Have a good vet reference

Name of potential adopter(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Email address: _____ Driver's License #: _____

Occupation: _____ Employer: _____

Employer Address: _____

Number of Adults in Household: _____ Number / Ages of Children: _____

Are the adults in your household aware that you are adopting a dog and in agreement? _____

Who will be the primary caregiver for your new dog? _____

Is any member of the household allergic to dogs? _____

What type of housing do you live in? house apartment condo other _____

Do you own or rent? _____ Landlord's Name / Phone #: _____

Do you have a completely fenced yard? _____ What kind of fence / height? _____

Do you have a pool? _____ If yes, is it fenced? _____

Why do you want a dog? _____

What qualities are you looking for in your new dog? _____

Which of the following behaviors would be a serious problem to you? Excessive barking - digging - Jumping a fence - not getting along with cats - not getting along with other dogs - not good with children - not housetrained - too active - not playful with other animals - not playful with children - not good being left alone - difficult to walk on a leash - too big - too much shedding

Other: _____

How many hours each day will the dog be left alone? _____

Where will the dog be kept when alone? _____

Where will the dog be when you are home? _____ Where will the dog sleep at night? _____

Are there times when the dog will be tied outside? _____ If yes, when? _____

How often and what type of exercise will you give your dog? _____

Is this your first dog? Yes No

If you presently have a companion animal(s), please complete:

Name	Breed	Age	Gender	Spayed/Neutered?	Current on Vaccines?
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you have previously had a companion animal(s), please complete:

Name	Breed	Years owned	What happened?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of your veterinarian: _____

Address: _____ Vet Phone Number: _____

Have you ever rehomed, given away, posted on Craigslist or turned an animal into a shelter? _____

If yes, explain: _____

Are you planning to attend obedience classes with your new dog?

If your dog is not housebroken, how will you correct him/her when there is an accident, and what method will you use to train him/her? _____

How long do you expect housetraining to take? _____

When you go on vacation/travel, who will care for the dog? _____

How much are you willing to spend on medical bills for your dog? _____ What would you do if the bills go over this amount? _____

Are you ready to take responsibility for this dog/puppy for the next 10-15 years? _____

What provisions will you make for the dog should you become unable to care for it? _____

Have you previously applied to adopt a dog or cat from BullyWag? _____ If yes, when? _____

Explain: _____

Are you willing to have a representative of BullyWag, Inc. visit where the dog will be living? _____
What days/times are you available for a home visit? _____

INTERVIEWERS, Please initial that you have discussed the following topics:

- _____ Heartworm / Flea / Tick Prevention
- _____ Transition advice
- _____ Vaccines
- _____ ID Tag / Microchip Tag
- _____ Crating
- _____ Chewing
- _____ Exercise needs
- _____ Medical records / expenses
- _____ Fees
- _____ Return policy

I certify that the information above is true and understand that false information will result in nullification of this application. Initial _____

Return Policy: If you are no longer able/willing to care for this adopted pet, they must be returned to BullyWag, Inc. Under no circumstance should they be given away to a friend or turned into animal control. We will need up to at least two weeks to prepare for their return. Initial _____

There will be no refund of the adoption fee after the two week trial is up. If this pet is returned within the two week trial, a \$25.00 administration fee will be charged. Initial _____

Prospective Adopter Signature: _____ Date: _____

Interviewer Signature: _____ Date: _____

(TO BE FILLED OUT BY INTERVIEWER)

Application: Approved / Denied If denied, please explain: _____
