**Southern States Bully Rescue**

Haley Kazee – Founder/Director

386-585-2744

Application for Dog Adoption

PLEASE TYPE IN YOUR ANSWERS AND EMAIL BACK TO HALEY0076@GMAIL.COM

Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address (Street) |  | | |
| Address (City,State, Zip) |  | | |
| County |  | Home Telephone |  |
| Cell Phone |  | Work Telephone |  |
| Email |  | | |
| Other Contact: Name/Phone #/Relationship |  | | |

Personal References ~ MUST have 3 References with Phone Numbers

|  |  |
| --- | --- |
| Name | Phone number |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Animal you wish to adopt (Name) | |  | |
| What is your primary reason for adopting this animal? | |  | |
| **Housing Situation (place X in applicable box)** | | | |
| Rent |  | Own |  |
| Live with someone |  | If Live with someone, Who? Do they Rent or Own? |  |
| **Type of Housing (place X in applicable box)** | | | |
| Condo |  | House |  |
| Apartment |  | Mobile home |  |
| If you rent: | | Name of rental property: |  |
| How many animals are allowed in residence? |  | Landlord name |  |
| Is there a weight limit? If so, what is it? |  | Landlord phone number |  |

Household Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is anyone in your household allergic to animals? Who? |  | Who is this adoption for? (Ex: yourself, immediate family) | |  |
| If you move in the future, what will you do with this pet? |  | How many adults are in the household? | |  |
| Do you have roommates? |  | What age range are you in? | | 18-25 \_\_\_\_  26-40 \_\_\_\_\_  40 or higher \_\_\_\_\_ |
| How many children are in the household? |  | What are their ages? | |  |
| What is your activity level in the home? | Very active | Moderately active | | Low active |
| How many animals are in the household? |  | What are they? Do they live Inside or Outside? | |  |
| Other animals in the household | | | | |
| Type (Ex: cat, dog) | Breed & Age | | Spayed/Neutered? | On Preventative? Which One(s)? |
| Name: |  | |  |  |
| Name: |  | |  |  |
| Name: |  | |  |  |
| If any of your pets are not spayed/ neutered or on preventative, please explain why. |  | | | |

Animal Care Information

|  |  |  |  |
| --- | --- | --- | --- |
| Will this pet be kept indoors, outdoors, or both? If “Both”, Please explain. | |  | |
| Is your yard fenced? |  | Is it completely fenced? |  |
| What type of fencing is it? |  | If it is not fenced, what arrangements do you have for the animal’s toilet duties and exercise? |  |
| Will you use a crate to confine the animal? |  | When and why? |  |
| Who will be the primary caregiver for this animal? |  | What is the average length of time the animal will be left alone? |  |
| Will anyone be home during the day? |  | Will anyone be home during the night? |  |

Previous History

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever owned a cat or dog before? | |  | |
| If yes, what type? Where is/are they now? | |  | |
| Have you ever adopted an animal from a shelter or rescue before? If so, what type? |  | Do you still have the animal? If not, please explain why. |  |
| Have you ever taken an animal to Animal Control/Humane Society/a shelter before? If so, where and why? |  | Have you had an animal die under your care recently? If so, please explain. |  |

Veterinarian Information

|  |  |  |
| --- | --- | --- |
| Current Veterinary Clinic | |  |
| Address & Phone Number |  | |
| If you use a Low Cost Clinic for vaccines, we need the name of the Vet Clinic you use for services other than annual vaccines. |  | |
| If you do not currently have a vet, which one do you plan to use? | |  |
| Where do you purchase your Heartworm and Flea Preventatives? | |  |
|  | |  |
| Are you willing and financially able to afford Professional Training if Necessary? | |  |
| Do you understand that a Pet is a Solid Commitment and you are expected to care for this animal for the rest of his/her life which could be 10 yrs or more? | |  |
| Do you understand that this animal may need patience and consistent training to learn housebreaking and how to behave inside a home (barking, chewing, jumping, nipping, etc)? This could take months or longer. | |  |
| Do you understand this animal may be destructive while learning if not properly restrained? Furniture, Carpet, Doors and Personal Items may be destroyed. | |  |
| Do you understand and agree it is unsafe to ever leave your pet outside unattended? | |  |
| Are you willing to commit to caring for, loving and keeping this pet with you and safe for its ENTIRE LIFE regardless of training issues (that are always fixable) or life changes (divorce, moving, having a baby, eviction, etc)? THINK ABOUT THIS FOR A FEW MINUTES. | |  |

Thank you for your interest in adopting from us, your application will be carefully reviewed and questions may be asked before approval. Home Visit may also be required.

Please understand that completing this application does not mean you have been approved to adopt.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* By signing this document, even electronically I agree to the following conditions:

I agree to hold harmless Southern States Bully Rescue and its representatives from any claims, damages, costs, or actions of the animal I am proceeding with this adoption (and/or fostering to adopt) for. I accept full responsibility for the dog(s) actions at all times and release Southern States Bully Rescue and their representatives from any liabilities or damages that may be incurred because of adopting (and/or fostering to adopt) this animal.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_