



BullyWag, Inc.

P. O. Box 1436, Sharpsburg, GA 30277

404-518-9807

www.bullywaginc.org

bullywaginc09@catyahoo.com

Dog Adoption Application 2022

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: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Your Age: ____ Email address: _____ Driver's License #: Provide if adopt

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? _____

Does anyone smoke inside the house? _____

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? _____

DO YOU PLAN ON MOVING IN THE NEXT 5 YEARS? _____

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

Are you familiar with heartworm disease and how to prevent it? _____

If you currently own pets, what heartworm preventative are they using? _____

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

| Name | Breed | Age | Gender | Spayed/Neutered? | Current on Vaccines? |
|------|-------|-----|--------|------------------|----------------------|
|------|-------|-----|--------|------------------|----------------------|

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

| Name | Breed | Years owned | What happened? |
|------|-------|-------------|----------------|
|------|-------|-------------|----------------|

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 (see instructions below)
- _____ 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** _____

Refund Policy: 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** _____

Vet Reimbursement Policy: BullyWag, Inc. will reimburse vet bills for a sick visit up to one month after adoption IF pet is taken to one of our rescue friendly clinics or approved to be taken to your vet. We use several different clinics where we get a discount rate. As a non-profit, we cannot afford to pay full price at a full-service clinic. BullyWag, Inc. must be notified immediately prior to this vet appointment for treatment. **Initial** _____

Microchip Policy: BullWag, Inc. will register the microchip after the two-week trial has ended and the pet is being adopted. **Initial** _____

Prospective Adopter Signature: _____ Date: _____
Interviewer Signature: _____ Date: _____

(TO BE FILLED OUT BY INTERVIEWER)

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