



# BullyWag, Inc.

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## Dog Adoption Application 2024

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?
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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: \_\_\_\_\_

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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?

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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?

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Have you previously applied to adopt a dog or cat from BullyWag? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Explain:

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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: \_\_\_\_\_