

Bull terrier rescue Adoption Form

Name: _____ Day Phone: _____ Evening Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Time to Call: _____ EMAIL ADDRESS _____ Occupation: _____

Address: _____

Do You Own or rent your Home: _____

Do you live in a apartment, trailer or other: _____

How long at this address: _____

If less than one year, please list previous address: _____

Do you have a fenced yard or area for the dog? _____

If yes, list fence type and height, size of fenced area: _____

If no, what arrangements will you have for the dogs exercise and toilet duties: _____

How many adults in the household: _____ Childeren: _____

Do you have pets? _____ What type: _____ How many: _____

List breed, sex, age of each pet: _____

Are they neutered/ spayed: _____

Do you have a current veterinarian? _____ Address of vet: _____

Are there visitors to your house hold, human or animal in which your new dog must get along with ? _____

How many hours each day, on average this dog will spend alone? : _____

Describe the last dog you owned and what happened to it? _____

Have you owned this breed before? _____

If not why did you choose this breed? _____

List all plans or goals for this pet (guard, hunting, couch potato, etc): _____

Sex preference: _____ No preference: _____

Color preference: _____ Age preference: _____

Size preference, and any other requests: _____

Where will the dog spend the day? _____ Night: _____

Do you understand and accept that this dog must be spayed/neutered? _____

Would you be willing to let a representative of BTR visit your home by appointment? _____

If NO why? _____

How did you hear about the BT rescue? _____

BTR IS A NON PROFIT REFERRAL SERVICE. YOU SHOULD EXPECT TO PAY AN AVERAGE OF \$400 FOR A DOG ACQUIRED THROUGH BTR. THIS MONEY PAYS FOR THE DOGS BOARDING AND MEDICAL, AND OTHER EXPENSES. THE MONEY IS PAID TO THE BULL TERRIER RESCUE.

All of the information I have given above is true and complete. Should an unaltered / spayed dog be placed with me, I agree to have it neutered within a month of adoption or by a date agreed upon by myself and the representative of BTR. This dog will reside in my home as a pet. I will provide it with adequate food, water, shelter, training, affection and medical care including yearly inoculations as suggested by my veterinarian. I understand that BTR is a referral service and is not responsible for the accuracy of information received about the temperament, habits, or physical condition of the dogs available for adoption. I understand that it is my responsibility to see and evaluate the dog for myself before the adoption. I understand that it is my responsibility

For any damage, accident or injury resulting from the placement of the dog into my household. If I should become unable to care for this dog I will contact BTR immediately

Signature _____ Date _____

WE RESERVE THE RIGHT TO REFUSE AN APPLICATION
Please email this form or fax back to us ----

