

# Bald and Bully, Inc.

## CANINE Adoption Request Form

Name of Desired Pet: \_\_\_\_\_ Date: \_\_\_\_\_

Description: \_\_\_\_\_ Gender: Male Female

It is our goal to find loving, safe, secure, responsible, "forever" homes for all our rescued cats and dogs in the Bald and Bully, Inc. program. A good match of a pet to owner is our top priority. Having a companion animal takes a commitment of time, energy, love, attention, and finances which extend throughout the duration of the pet's natural life, which can be 20 years or more. Most pets require good (non-human) food and clean water; an indoor home with access to a scratching post and places to hide; medical attention for annual vaccinations and as other needs arise (especially in their "senior years"); and social interaction for his/her life. For this reason, Bald and Bully, Inc., Inc. reserves the right to re-direct potential adopters to other resources if we feel the desires of a potential adopter do not match our individual cat's needs. We also reserve the right to decline any potential adopter for any reason.

Adopter's Name: \_\_\_\_\_

Adopter Address: \_\_\_\_\_ (PO Boxes are not acceptable)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

If you have never owned a pet before during your adult life, please indicate here: \_\_\_\_\_

What is your age (we cannot adopt to individuals younger than 18)?: \_\_\_\_\_

Name of your employer: \_\_\_\_\_

Current Veterinarian's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**\*\*\*\*\*If you have not used the veterinary office above, please let us know here:** \_\_\_\_\_

Do we have permission to contact your veterinary office to obtain a reference for adoption? \_\_\_\_\_

**Be aware that if you have not had your pet vaccinated by your veterinarian that it is YOUR responsibility to provide a copy of vaccines to us before your application will be considered. You can fax to us at 405-702-6312 or email to [Baldandbully@yahoo.com](mailto:Baldandbully@yahoo.com)**

Have you ever adopted a pet from Bald and Bully, Inc.? **Y N** If yes, their rescue name(s): \_\_\_\_\_

**Please complete all of the following areas. These questions are designed to prompt communication between our Adoption Counselors and potential adopters. If it does not apply please indicate "N/A". Completeness IS IMPORTANT.**

1) We (circle one) **Own Rent\*** a (circle one) **house apartment condo trailer other**

\* If renting - How many years at this house/apartment? \_\_\_\_\_ **Yrs and** do you plan to move in the next 6 months? **Y N**

\* If renting, have you confirmed that pets are allowed? **Y N** Have you paid any pet "deposits" required? **Y N None Required**

Landlord's Name: \_\_\_\_\_ Landlord's Phone # \_\_\_\_\_

2a) Please list below all the people your new pet will be living with: (No others in home: \_\_\_\_\_)

Name	Age	Allergic to cats or dogs?	Name	Age	Allergic to cats or dogs?
_____	_____	<b>Y N</b>	_____	_____	<b>Y N</b>
_____	_____	<b>Y N</b>	_____	_____	<b>Y N</b>

2b) Do you or any of your family members smoke? If so, is smoking in the house permitted? \_\_\_\_\_

3) Please list below all the other pets your new companion will be living with: (No others in home: \_\_\_\_\_) "Altered" = spayed or neutered

Name	Age	Altered?	Dog or Cat?	Breed	Date of last Vaccination	If Cat:	Declawed?	Indoor Only?	FIV/Feleuk Tested?	Positive?
_____	_____	Y N	_____	_____	_____		Y N	Y N	Y N	Y N
_____	_____	Y N	_____	_____	_____		Y N	Y N	Y N	Y N
_____	_____	Y N	_____	_____	_____		Y N	Y N	Y N	Y N
_____	_____	Y N	_____	_____	_____		Y N	Y N	Y N	Y N

3a) For pets that you own, please list names of heartworm prevention and flea/tick prevention used or N/A if you use none. If you do not use any at all, please explain why:

\_\_\_\_\_

\_\_\_\_\_

3b) What is the worst medical condition that you have dealt with during your time as an owner. Please indicate what the condition is/was and the treatment elected. If not applicable, please mark N/A here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) Do you want the pet to be:  inside only  outside only  inside/outside  we have a pet door

5) Do you wish to have an ear crop or tail dock performed? **Yes No Maybe**

If it is a possibility, why and where do you plan to have the procedure performed?

\_\_\_\_\_

6) Have you lived with pets in the past? **Y N** How old were they when you got them? \_\_\_\_\_ From where? \_\_\_\_\_

7) Are there any regular visitors to your home, human or animal, with which your new pet must get along? **Y N**  
Who? \_\_\_\_\_

8) Are you adopting a pet for yourself? **Y N** Does the whole family agree with the adoption of a pet at this time? **Y N**  
If you are adopting for someone else, who is the person who will have the pet? \_\_\_\_\_  
Is this pet a gift for someone?: **Y N**

9) What arrangements do you make for your pets when you go on vacation or in case of an emergency? \_\_\_\_\_

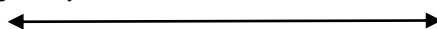
10) Is there any pet behavior that you find unacceptable? **Y N** If yes, what behaviors? \_\_\_\_\_  
How do you control or prevent displays the behavior(s) that you find unacceptable? \_\_\_\_\_

10a) Are you familiar with the "Nothing in Life is Free" training method?: \_\_\_\_\_

10b) Where will the pet stay when you are not at home with them (ie. At work)?: \_\_\_\_\_

11) Place an "X" on each line on the scale indicating how you feel about each statement concerning pet ownership/habits:

"I want my pet to...."



- Jump up on people & initiate play ..... Stay on floor, leaves visitors alone
- Like to be held and cuddled ... .. Sit in window or quietly at my side
- Be allowed on furniture, etc ..... Stay on floor or in pet bed
- Talk a lot (and I talk back) .... Be quiet, seen but not heard
- Have the run of the house, sleep with me ..... Stay in designated areas
- Want to play with my dog/other pets..... Be content to be alone
- Be curious, always under foot, into everything..... Be calm, predictable, yet social
- I will be brushing, clipping nails etc..... Will go to vet / groomer

Using teeth in play is normal, doesn't bother me .....Never uses teeth/claws in play  
Will be OK to jump on me at 5 AM .....Not allowed in bedroom at night

12) Thinking about the pet(s) you currently own or have previously owned, what personality traits, habits or characteristics do you like the most about them? \_\_\_\_\_  
Like the least about them? \_\_\_\_\_

13) Have you ever owned a pet before that is no longer living with you? **Y N** Reason pet is no longer with you: \_\_\_\_\_  
\_\_\_\_\_

14) Have you ever given up any pet before? **Y N** If yes, please explain to whom the animal was given why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15) For what reason are you looking at this specific animal (this allows us to further assist you if the animal is adopted before your application is received, as we may have another similar animal currently in rescue, coming into rescue soon or may come in in the future)?  
\_\_\_\_\_

16) What would be your approach to a situation in which your pet were heavily injured and required a very expensive surgery? What plans do you have to be able to pay for costly veterinary services?: \_\_\_\_\_

17) What food do you plan to feed this pet: \_\_\_\_\_

18) If there is anything else you would like to share, ask, or suggest... this is the place to do it: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for seeking to adopt a homeless or abandoned pet. Rescues truly do make the best pets!*

----- **DO NOT WRITE BELOW THIS LINE** -----

	Date	Initials	Results
1. Adoption Counselor	_____	_____	_____
2. Housing	_____	_____	_____
3. Vet	_____	_____	_____
4. Board Review	_____	_____	_____

Bald and Bully, Inc.