

Bald and Bully, Inc.

FELINE 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: _____

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

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

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

Please note! In order to qualify to adopt a sphynx from Bald and Bully, Inc. you must have already located a board certified cardiologist that you intend to visit. If you are a sphynx owner that already has sphynx in your home, please know that we do not adopt to families are are not CURRENTLY scanning their sphynx. The risk of HCM is too high in this breed for us to adopt to those unaware or to those that underestimate the severity of HCM's effect on sphynx. We do not accept screens being performed by veterinarians or radiologists. Period.

Name of cardiologist: _____
Cardiology clinic: _____
Telephone number: _____
Have you used this clinic before?: _____

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?	
_____	_____	Y	N	_____	_____	Y	N
_____	_____	Y	N	_____	_____	Y	N

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 a declaw 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 a cat 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) Where will this pet stay while you are away from home (ie. 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? For those who are interested, we're happy to discuss holistic, natural and raw feedings for those who would like to learn more about what foods exist, how to read labels and what foods are necessary in buying/making a diet at home:

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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.