

FRENCH BULLDOG RESCUE LEAGUE
APPLICATION FOR ADOPTION

Please type or print clearly.

Name: _____
Address: _____
City, State, Zip: _____
Phone #: (home) _____ / _____ (work) _____ / _____
Adoptive owner's current age: _____ Email address: _____
Preference: neutered male ____ spayed female ____ age: _____ color: _____

Please answer yes or no unless otherwise indicated; please answer all questions.

Do other adults live in your home? _____
If yes, how many and what ages? _____

Do any children live in your home? _____
If yes, how many and what ages? _____

Is any member of your household allergic to animals? _____

Will you be primarily responsible for the care of this dog? _____
If not, who will be? _____

Do any other pets live in your home? _____
If yes, what? _____

Do you now own other dogs? _____ If yes, please complete:

Breed _____	Age _____	Sex (spayed/neutered?) _____
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Breed _____	Age _____	Sex (spayed/neutered?) _____

Are you familiar with the health problems associated with brachycephalic (short-nosed) dogs? _____

Will the dog live in your house? _____ your yard? _____ garage? _____ other? (specify) _____

Is your yard fenced? _____ If yes, type _____ height _____

Do you have a pool? _____ If yes, is the pool fenced? _____

Do you live in a house? _____ apartment? _____ condo? _____ other? (specify) _____

Do you own? _____ rent? _____ If you rent, please attach a letter of approval from your landlord including your address, phone, and period of time you have lived at this address.

Is someone usually at home during the day? _____
If not, where will the dog stay during the day? _____ For how long? _____

Is someone usually at home at night? _____
If not, where will the dog stay at night? _____ For how long? _____

Do you plan to travel with this dog? _____
If not, where will the dog stay? _____

Are you a member of any dog clubs, SPCA, Humane Society, ADOA, etc.? _____
If yes, What? _____

If married, does your spouse approve of getting a dog? _____

Do other household members approve of getting a dog? _____

I understand that dogs placed by the French Bulldog Rescue League have been acquired, fed and boarded, received medical care and inoculations, been spayed/neutered, and been tested to be free of heartworms and contagious disease at the personal expense of the volunteers who comprise the Rescue League and who receive financial compensation only as it is available through donations.

I do ___ do not ___ have interest in any of the following: pet store, commercial breeding kennel, buying of dogs for resale.

I have ___ have not ___ been convicted of cruelty to animals.

I am ___ am not ___ under suspension from any purebred dog association.

Your veterinarian

Name: _____

Address: _____

Phone #: _____

To feed, vaccinate, license and provide medical care, how much do you anticipate spending for this dog yearly? \$ _____
(This question is intended to evaluate your familiarity with the special needs of this relatively "high maintenance" breed, so we can more adequately provide educational material to you.)

Why are you interested in adopting a French bulldog? _____

I have answered all the questions on this application truthfully to the best of my knowledge and ability. I have read a copy of the adoption contract used by the French Bulldog Rescue League, understand it and agree to abide by its terms should a French bulldog be available for placement in my home.

I understand that if, for any reason, I can no longer care for or keep the dog, I must return it directly to the French Bulldog Rescue League, and I will sign all necessary papers for the surrender of the dog.

I hereby make application to the French Bulldog Rescue League to have my name added to the waiting list for the purpose of giving a French Bulldog a permanent home.

Signature of applicant

Date

Address

Phone #