



General Information

How did you hear about our dogs?

Contact & Personal Information

E-mail:

Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Mobile Phone:

General Information

Date of Birth (mm/dd/yyyy)

Are you employed? Yes

No

Occupation:

Employer:

Length of Employment:

I live in a: House

Apartment

Do you own the property? Yes

No

If you do not own the property, are you permitted to have pets?

Yes

No

Name of Landlord:

Landlord's Phone #:

Time at Current Address:

Do you have a fenced yard?

Yes

No

If so, height and type of fence:

If not, would you consider erecting one? Yes

No

If you answered no to the previous question, please explain:

Please list the names and ages (and occupation, if applicable) of all people (including children) living with you:

Name:

Age:

Occupation:

Employer:

Why are you interested in adopting? (Check all that apply)

- Companion for Self
- Companion for Family
- For Protection
- To Replace Previous Pet
- Gift
- For Child
- As a Companion for Another Pet
- Other. Please explain:

Do you or any member of your family have allergies to animals? Yes No

If Yes, Please explain:

When you are traveling/away from home for an extended period, where will the dog be? (Check all that apply)

- In a kennel
- With relatives/friends who own other animals
- With relatives/friends who do not own other animals
- At home with a friend or relative who will stay with and care for the animal
- At home with a dog sitter
- A dog walker will stop by: time(s) a day to feed and walk/let out the dog
- Other:

General Information

Which dog are you interested in? Please list in order of desirability:

Choice 1:

Choice 2:

Choice 3:

Are you looking for: Male Female Either

Do you prefer: Puppy Adult Either

Do you prefer a dog that is already housebroken? Radio Button Radio Button

Can you bring all family members and pets to meet the dog you are considering? Yes No

Additional requirements about the dog you would like to mention:

Community Information

Do you know the laws in your municipality relating to dogs in general and pit bull type dogs in particular?

Yes No

If yes, please specify:

If no, would you like us to help determine the laws? Yes No

Are you prepared to deal with the discrimination that may come with Pit Bull ownership (i.e., community bias, rental restrictions, insurance discrimination, neighbors' negative reactions, etc.)?

Living Situation

Dog's living situation (check all that apply):

- Dog will be living inside with the family
- Dog will live in the basement or garage
- Dog will live outdoors
- Doghouse will be provided
- Dog will be used as a guard dog for: Business Residence
- Other:

How many hours a day will the dog be home alone?

When the dog is home alone, the dog will be (check all that apply):

- In a crate, wire cage or dog pen inside
- In a kennel: Outdoor Indoor Both
- Dog will be loose: Indoor Outdoor
- Dog will sleep in a room with the adopter or other family member
- Other:

How will the dog get exercise? (Check all that apply)

- Leash walks: Per day: Length of Time:
- Will have cable or dog run in the yard
- Will be free to run in fenced yard
- Will have supervised access to unfenced yard
- Will be free to roam around (off leash and unsupervised in unfenced area)
- Will take to dog park (public area where dogs can run and play together off leash)
- Other:

Where will the dog be fed?

Where will the dog not be allowed?

How will you block the animal from that area?

Will you take the dog to obedience training? Yes No

If so, where?

Other Pets and Experience

Do you have other dogs? (Check all that apply)

- No other dogs
- One or more spayed female(s)
- One or more neutered male(s)
- One or more un-spayed female(s)
- One or more un-neutered male(s)

Are your current pets vaccinated? Yes No

If you own other dogs, please provide the following information:

Name of Dog:	Breed:	Age:	Gender: (M/F)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please specify the place of origin (where you got the dog(s)):

If you have had other dogs in the past, please let us know their current disposition:

- Still have the dogs
- Died of: Old Age Fatal Disease
- Gave or sold to friends, relatives or acquaintances
- Hit by a car
- Stolen
- Disappeared/Lost
- Other:

Please explain in detail (i.e., how old was the dog when you adopted him/her? What happened? How old was the dog at the time You no longer owned the dog?):

What other kind of animals do you own?

Please provide the name and phone number of your current vet:

Breed Information and Experience:

Of all breeds

Please explain IN DETAIL any prior experience you have had with this breed:

What challenges do you feel owning a Pit Bull may present? If any, please describe:

Dog's History

Often times the complete history of a rescued dog may not be known. We will provide you with a description of our experience; however, do you realize that you may encounter some behavioral problems?

Yes No

Transition

Do you realize that after adoption the dog may not act the same in a home as the dog acts in a shelter environment?

Yes No

In the event the dog you are considering adopting has any behavioral issues, are you willing to work with a professional trainer / behaviorist on correcting any such issues?

Yes No

Sometimes animals do not adjust to their new environments well. Are you prepared to spend several weeks, perhaps even months, waiting for your new pet and helping your new pet to adjust to a new environment?

Yes No

General

What will you do if you cannot keep the dog (i.e., if Pit Bulls are banned, if something unexpected happens, etc.)?

Have you considered the expenses for maintaining an animal (i.e., food, vaccinations, monthly heartworm preventative, monthly flea / tick preventative, unexpected medical expenses, obedience training, etc.)?

Yes No

What behaviors or circumstances might cause you to give away this dog or to take it to a shelter?

Additional information you would like to provide about yourself and/or the dog you would like to adopt:

References

List the names, addresses and phone numbers of three (3) references we may call who can attest to your suitability as an adopter (i.e., behaviorist, trainer, vet, groomer, etc.)

Name:

Address

Phone:

Liability and Responsibility

By checking YES, you agree to absolve For The Love of Pits, Shana Klein and all of their representatives and agents from any liability in reference to the dog.

Yes

By checking YES, you agree that the dog will not be used in any illegal activities nor be found at any time in a municipality where a Pit Bull type dog is illegal.

Yes

By checking YES, you agree that the dog is to be kept as a house pet. The dog shall not be sold for medical or experimental purposes.

Yes

I, the undersigned and Applicant, do hereby release For The Love of Pits, its directors, officers, trustees, volunteers and representatives from liability to myself and/or any other person or animal for any damage, accident, or injury to person(s), animal(s) or property incurred in relation to viewing of the animals under the control of the rescue.

In addition, I hereby represent and affirm that I, the undersigned and Applicant, have provided all information within my knowledge, and all of the information provided in this Application is TRUE, CORRECT and COMPLETE.

Further, I understand that submission of this Application does not necessarily mean that I will be approved to adopt the dog for which I have applied, and For The Love of Pits reserves the right to reject any applicant for any reason. I understand that For The Love of Pits cannot guarantee the availability of any of its dogs until this Application is approved. I authorize For The Love of Pits to verify any and all information set forth in this Application. (Without your signature we cannot process this application). I give permission to accept my electronic signature as my legal signature.

By checking this box, I certify that I am who I say I am in this Application and that the signature below is my signature

Signature

Date: