



ENGLISH BULLDOG RESCUE OF GEORGIA



Together we can make a difference

We will not process this application unless it is COMPLETE!

Date: _____

Are you interested in a specific dog? The Name: (optional) _____

Applicant Name: _____

Co-applicant's Name: _____

Co-applicant's Relationship: *spouse, roommate, etc.* _____

Street Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Driver's License: # _____ State of Issue: _____ Birthdate: __/__/____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address _____

Check all that apply: I want a pet for: FAMILY:___ GIFT:___ PROTECTION:___ HUNTING:___

Check all that applies: I HAVE A JOB:_____ IS A HOMEMAKER:_____ IS A STUDENT:_____

If you are a student, what is your current year of enrollment? _____



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Check all sources of income: ___ SELF ___ COAPPLICANT ___ RETIREMENT ___ GOVERNMENT PROGRAM

How many adults live in your household? _____ How many children? _____

How old are the children? _____

Please tell us about the children's experience with pets: _____

Is anyone in your household allergic to dogs or cats? _____

If yes, please tell us who is allergic to which animals: _____

Do you _____ RENT or _____ OWN?

Do you live in a _____ HOUSE _____ APARTMENT _____ TOWNHOME

_____ MOBILE HOME _____ OTHER: _____

How long have you lived at your present address? _____

If you rent, do you have your landlord/management company's permission to have pets?

How many? _____ Any weight, size, or breed restrictions? _____

Please provide their name and telephone number _____



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Please list ALL pets owned in the last 5 years _____

Please include animal type, age if living, and age of death and reason for death if deceased

Please list Veterinarians with phone numbers for living or deceased pets in the last 5 years. _____

Out of town application will not be processed without phone numbers!

Are all pets up to date on vaccinations? _____

Are all pets spayed and neutered? _____

If yes, please note which vets performed the surgeries _____

If no, please explain why and give # of litters each pet has delivered. _____

Have you ever had to give up a pet? _____

If yes, why? Where did you take it? _____

Have you ever lost a pet to illness or injury? _____



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If yes, please explain: _____

Where would your new pet be kept during the day? _____

Where would it sleep at night? _____

How long would the animal be left alone each day? _____

How and where would it be confined? _____

How would you exercise it? _____

How often? _____

Where will you exercise the dog? _____

Does anyone in your household smoke? _____

Who would be the MAIN caregiver of this animal? _____

How would you new pet be cared for during overnight absences or vacations? _____

How much per year do you think it would cost to take care of this pet? \$ _____

Under what circumstances would you consider giving up your pet? Check all that apply:

DOG: _____ Chewing _____ Barking _____ Digging _____ Housebreaking issues
_____ Jumping up _____ Jumping/Climbing out of enclosure or running away

Other: _____

DOG: _____ Shedding _____ Allergies jumping on furniture needing medications _____
other: _____

I am willing and financially able to make the necessary financial commitment to care for a Bulldog by providing veterinary care, including routine vaccinations and proper nutrition, for the life of the pet.
___ YES ___ NO

I understand that a bulldog can live 10 years or longer. After giving very careful thought and consideration to all the responsibilities of pet ownership and my future lifestyle commitments, I would be able to care for a pet for its entire lifespan. ___ YES ___ NO

I am fully prepared to make the commitment of time to care for a pet by providing training, regular exercise, grooming, and human interaction for the life of the pet. ___ YES ___ NO

I understand that it takes patience and kindness to nurture a dog. Most have been in unfavorable conditions prior to our rescue. Will you be tolerant of behaviors that may need work -housebreaking, barking etc. and willing to get professional training if needed?
_____ YES _____ NO

I certify that the above information is correct, and I understand that the English Bulldog Rescue of Georgia has the right to verify this information.

APPLICANT SIGNATURE: _____ DATE: _____

Please bring completed application when coming for meeting of the bulldog.

ELECTRONIC SUBMISSION OF THIS APPLICATION WILL SERVE AS SIGNATURE

Questions call 678-628-3531



Please list any experiences that you would like to add that is not listed: