



## Bully Baby Rescue, Inc.

PO Box 1524  
Port Chester, NY 10573  
914-565-1512

### Animal Adoption Questionnaire

Completion of this form is a requirement for adoption. The information provided here helps us ensure that the adoption is in the best interest of both you and the pet. By submitting this application, you give permission to Bully Baby Rescue, Inc. to investigate and confirm the information that you provide. All forms become the property of Bully Baby Rescue, Inc. upon submission. Bully Baby Rescue, Inc reserves the right to refuse adoption to anyone. Adoption approval and refusal decisions are made solely at the discretion of Bully Baby Rescue, Inc.

Last Name:

First Name:

Street:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

Birth Date:

How long have you lived at this address?

How many people live with you (spouse, children, roommate, other) list all and children's age(s):

Does anyone in your household have allergies? Yes No If yes, what type?

Do you live in a: House Apartment Condo Co-op Other

Do you: Own Rent

Do you have a fenced in yard? Yes No

If yes, height of fence and material:

**NOTE: You will be required to provide us with a copy of your lease, association contract, or proof of ownership. If you rent, we will need to contact the landlord for their "pet policy".**

Landlord's name:

Phone #:

Are you employed? Yes No

Name of employer:

How long have you worked for this employer?

What kind of pet are you looking to adopt?

Dog

Cat

Have you ever adopted/owned a pet before?

Dog

Cat

Both

Other

None

If so, where is (are) those pet(s) now?

Veterinarian:

Address:

Phone#



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**Animal Adoption Questionnaire**

**Why do you want to adopt a pet?**

**Companionship                      For Your Kids                      Exercise                      Gift                      Other**

**If other, please explain:**

**How did you hear about us?**

**Who will be primarily responsible for the pet?**

**Where will the pet be kept during the day?                      During the night?**

**How many hours per day will the pet be alone?**

**Who will take care of the pet in your absence, vacation, emergency, etc.?**

**How long do you plan to provide a home for this pet?**

**Are you aware of the costs that go with owning a pet: food, care, and vet?    Yes                      No**

**If you are ever unable to keep the pet, where will the pet go?**

**Additional comments:**

By signing this application, I agree that all of the statements made herein are true and complete. I agree that these statements may be investigated. I certify that I am over 21 years of age.

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**