

American Bullmastiff Association Inc. Rescue Service - Florida Division

If you are interested in adopting a Bullmastiff from FLORIDA Bullmastiff Rescue, please print out the following application, complete and sign it, then mail it to the indicated address.

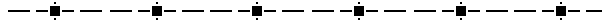
Thank you for your interest in one of our WONDERFUL Bullems and we look forward to hearing from you soon!

APPLICATION FOR BULLMASTIFF ADOPTION

To help ensure the best possible placement of our rescued Bullmastiffs, and in order to determine that the proposed adoption is in the best interest of both the Bullmastiff, and you and your family, please complete each of the following. Please be thorough as possible. Return completed application to:

Florida Bullmastiff Rescue Coordinator
c/o Mickey Mullen
3899 Kingston Oaks
Oviedo FL 32765
Email: crossbow@magicnet.net
Phone: 407-365-6760

Florida Bullmastiff Rescue
PO Box 4755
Fort Walton Beach FL 32549-4755
Email: BMFResQ@bullmastiffinfo.org
Applications will be sent to Mickey Mullen for final review.



Name: _____

Full Street Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Fax Number: _____

Email Address: _____

Work Phone: _____

Driver's License
or I.D. Number: _____

Occupation: _____

Employer: _____

How Long With Employer? _____

Spouse's Name: _____

Spouse's Occupation: _____

Work Phone: _____

THIS RESCUE SERVICE RESERVES THE RIGHT TO REFUSE ANY ADOPTION APPLICATION

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Which Bullmastiff(s) are you specifically interested in? _____

Have you owned other pets before? _____ If no, why do you want a Bullmastiff now? _____

Do you still have the pets listed above? _____ If yes, list kinds and number of pets you have owned in the past: _____

If not, why not, and what happened to the pet(s)? _____

How many pets do you currently own? _____ List species (dog, cat, bird, etc), gender (male, female), age, and how many you own of each. _____

Are all of your pets spayed or neutered? _____ If not, why not? _____

State specifically why you want a Bullmastiff? _____

Have you ever owned this breed before? _____

What specifically have you done to educate yourself about the Bullmastiff breed? _____

Please list your preference regarding:

- Sex of Bullmastiff: _____
- Age of Bullmastiff (list minimum and maximum) _____
- Color of Bullmastiff _____

Will you consider something other than your stated preference? _____

List names and ages of all members within your household. _____

Do you (circle one) **own** or **rent** your home?

If renting - do you have your landlord's permission to keep Bullmastiffs? _____

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Can you provide us with such permission in writing? _____

How long have you lived at your current address? _____

Where will you keep the Bullmastiff:

- during the day? _____
- during the night? _____
- during family absences overnight? _____
- while on vacation? _____
- while on business trips? _____

Do you have a fenced yard? _____ If yes, how large an area is fenced _____

What kind of fencing and how high is it? _____

If you do not have a fenced yard:

- how will you exercise the Bullmastiff? _____
- confine the Bullmastiff? _____
- provide for his/her need to eliminate? _____

What is the maximum number of hours your Bullmastiff will be left alone during a 24-hour period? _____

Where will he/she spend this time? _____

Do you object to the discriminate use of a crate? _____ Do you have one? _____
Would you get one? _____

What will you do if your Bullmastiff is destructive when left alone? _____

What kind of vehicle will you use to transport your Bullmastiff? _____

Are you willing to attend obedience classes with your Bullmastiff? _____

Have you ever surrendered a pet of yours to an animal shelter? _____

If yes, why? _____

Have you ever sold or given away one of your pets? _____

If yes, why? _____

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Have you ever trained a Bullmastiff before? _____ If yes, describe the training: _____

Can you afford to spend at least \$1000 or more per year for food and routine medical care for your pet? _____

Has anyone in your immediate family/household ever been convicted of a charge related to cruelty to animals or child abuse?

Is there any such charge pending? _____ Has any such charge ever been filed? _____

If yes to any of the above, please explain and give disposition of charge. Use additional sheet if necessary.

List your regular veterinarian(s)' information:

Name of Clinic: _____

Name of Vet: _____

Street Address: _____

City, State and Zip Code _____

Phone Number (include area code) _____

Addition vet information: _____

Please provide the names and phone numbers (include area code) of two nonrelated individuals who can serve as references:

Reference #1: _____

Reference #2: _____

Please provide the following information on your nearest living relative:

Name: _____

Street Address: _____

City, State and Zip Code _____

Phone Number (include area code) _____

May we visit your home and check your references to verify the information you have provided? _____

What are the requirements for dog ownership in your community? _____

How many pets may you legally have? _____

Are dogs required to be vaccinated against rabies? _____ Is there a leash law? _____

What will you do with your Bullmastiff if you move? _____

Is anyone in your household allergic to dogs? _____

How much time per day will you spend with your Bullmastiff? _____

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What kind of dog food will you feed? Name brand names that you will be using: _____

What hobbies do you have in which you could include your Bullmastiff?

What circumstances, in your mind, justify getting rid of a dog?

What would you do with the Bullmastiff if the above circumstances occurred?

What do you and your home environment have to offer a Bullmastiff that has been neglected/abandoned?

How did you find out about us? _____

Thank you for taking your time to complete this application. By signing below you attest to the truthfulness of your answers. Falsification of any of the above information will be grounds to disallow your adoption of a rescued Bullmastiff.

Applicant Signature _____

Applicant Signature _____

(If there are two responsible adults in household, both must sign as an applicant.)

THIS SECTION FOR USE OF RESCUE GROUP REPRESENTATIVE

Application: ____ Approved ____ Disapproved ____ Withdrawn ____ Other _____

Name of Rescue Representative:

Phone Number of Rescue Representative:

E-mail Address of Rescue Representative:

Comments :

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