



Adoption Application

Please return this form by emailing to: sisters@pitsisters.org

Last Name: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Contact #: _____ Alt. Contact #: _____

Drivers License #: _____ Email: _____

Why do you want to adopt this dog? _____

Where do you live? (single family home, apartment, etc.) _____ If Apt. which one? _____

Do you own or rent? _____ How long at this address? _____ Is there a fenced in yard? _____

What is the height of your fence? _____ Is it a privacy or chain link fence? _____

If renting what is the landlord's name and number? _____

Number of adults living in the home? _____ Number of children? _____ Children's ages? _____

Have you ever owned a dog before? _____ If yes, where is the dog now? _____

Have you ever turned a dog into a shelter? _____ If yes, what were the circumstances? _____

Have you ever owned a bully breed before? _____ How long will this pet be home alone during the day on avg? _____

Where will this pet be kept while at home alone? _____

What other pets (breeds) are in the household? _____

Are your current animals spayed and/or neutered? _____ Are they on heartworm/flea preventatives? _____

What is the name and number of your current veterinarian? _____

Will you provide heartworm and flea preventative for this pet? _____ Do you understand the importance? _____

Where will this pet sleep? _____ At what times will this pet be kept outside? _____

When the pet is outside what shelter is provided? _____

➤ I certify that the above information is true and realize that any false information may result in nullifying an adoption.

Printed Name

Signature

Date

Thank you for saving a life. We love to see photos and hear from those who adopt a pet from Pit Sisters. Happy tail photos can be seen/sent through our Facebook page (facebook.com/PitSisters/) or email at sisters@pitsisters.org.