FRENCH BULLDOG ADOPTION APPLICATION

Our goal is to place each dog in a safe, stable, loving and permanent home.
Submitting an application does not guarantee adoption. Information may be verified before approval.
Please complete this form and return it with the requested attachments by replying to the person who sent it to you.

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1. APPLICANT INFORMATION

Full legal name

Date of birth

Home address

City / State / ZIP

Phone

Email

Occupation

Employer

How long at current address?

Required attachment: Copy/photo of a valid government-issued ID (send separately with this application).

2. HOUSEHOLD

List everyone living in the household (name, age, relationship)

Are all adults in the household aware of and in agreement with this adoption?

☐ Yes ☐ No

Children in the home? If yes, ages

Any dog allergies in household? Explain

3. HOME & ENVIRONMENT

Residence status:

☐ Own ☐ Rent ☐ Other

Type of residence:

☐ House ☐ Townhouse ☐ Condo ☐ Apartment

If applicable, landlord/association contact

Are dogs/French Bulldogs permitted?

Is your home air-conditioned?

☐ Yes ☐ No

How will you provide daily bathroom breaks and exercise?

Describe the safe outdoor/walking area you will use

Required home photos (send separately): front/exterior, main living area, and the area where the dog will spend most of its time.

4. CURRENT & PREVIOUS PETS

Do you currently have pets?

☐ Yes ☐ No

Current pets: name, breed, age, sex, and spayed/neutered status

Are current pets up to date on routine veterinary care?

☐ Yes ☐ No

Pets owned during the past 10 years and what happened to them

Have you ever surrendered, returned, rehomed, given away or relinquished a pet?

☐ Yes ☐ No

If yes, please explain

Have you ever been denied an adoption by a rescue or shelter?

☐ Yes ☐ No

If yes, please explain

5. FRENCH BULLDOG EXPERIENCE

Have you ever owned a French Bulldog?

☐ Yes ☐ No

If yes, describe your experience

Have you owned another brachycephalic (short-nosed) breed?

☐ Yes ☐ No

French Bulldogs can be prone to breathing difficulty, overheating, allergies, skin problems, spinal/back problems, and other breed-related conditions. Are you comfortable managing these risks and seeking veterinary care when needed?

☐ Yes ☐ No

How would you manage walks, exercise and outdoor time during hot weather?

Are you prepared for veterinary care beyond routine annual visits if needed?

☐ Yes ☐ No

6. VETERINARY REFERENCE

Veterinary clinic

Veterinarian

Clinic phone

Clinic email

Names of pets treated there

By checking Yes, I authorize the veterinary clinic listed above to provide information about my current and prior pets and their veterinary care for the purpose of evaluating this adoption application.

☐ Yes, I authorize ☐ No

If you have never owned a pet or do not have a veterinarian, explain here

7. PERSONAL REFERENCES

Reference 1

Name

Relationship

Phone

Email

Reference 2

Name

Relationship

Phone

Email

8. ABOUT THE DOG

Dog's name

Who will primarily care for the dog?

Why are you interested in adopting this particular dog?

Why do you want a French Bulldog?

Is this dog intended as a gift for another person?

☐ Yes ☐ No

9. DAILY LIFE

Hours per day dog will normally be left alone

Typical work schedule

Where will the dog stay when no one is home?

Where will the dog sleep at night?

Will the dog live primarily indoors?

☐ Yes ☐ No

How often will you walk/exercise the dog?

Who will care for the dog when you travel?

Planned care options (check any that apply):

☐ Dog walker ☐ Pet sitter ☐ Daycare

☐ Boarding ☐ Family/friends ☐ Other

10. LONG-TERM COMMITMENT

Are you financially prepared for routine care and potentially significant breed-related veterinary expenses?

☐ Yes ☐ No

Pet insurance:

☐ Already have ☐ Would consider ☐ No

Are you prepared to care for this dog throughout its lifetime?

☐ Yes ☐ No

What would happen to the dog if you moved or your work schedule changed?

If behavioral problems developed, what would you do?

Under what circumstances, if any, would you consider giving up the dog?

If you could no longer care for the dog, would you contact us before selling, surrendering, giving away, or transferring the dog?

☐ Yes ☐ No

11. VERIFICATION & ACKNOWLEDGMENT

By submitting this application, I certify that the information I have provided is true and complete to the best of my knowledge. I understand and agree that:

- Submission of this application does not guarantee adoption.
- The rescue may contact my veterinarian, landlord/property manager/association, and personal references.
- Additional information, photographs, a video walkthrough, or a home visit may be requested.
- False or materially misleading information may result in the application being declined.
- Adoption decisions are based on the needs and best interests of the individual dog.
- If approved, I will be required to sign a separate adoption agreement before taking possession of the dog.

I authorize verification of the information contained in this application.

☐ I have read and agree to the above

Applicant's full name

Date

Typed signature

SUBMISSION CHECKLIST

Please return:
- This completed application
- Copy/photo of a valid government-issued ID
- Current photos of the front/exterior of your home, main living area, and the dog's primary living area

Return everything by replying to the email or message from the person who sent you this application.