



SOUTHERN CALIFORNIA BOSTON TERRIER RESCUE

ADOPTION APPLICATION

www.bostonbuddies.org
contactus@bostonbuddies.org

**Please return completed application to:
Boston Buddies, Inc., 19051 Goldenwest St., #106-145,
Huntington Beach, CA 92648
Or Fax to (714) 841-3969**

DATE _____

Thank you for your interest in our rescue dogs. We would appreciate your answers to the following questions so we can select the appropriate dog for you. All information is confidential. Thank you for your cooperation and we look forward to helping you find the right Boston Terrier for you and your family. Once we have received your application and it has been reviewed and approved for further processing, a volunteer will contact you to schedule the required home check visit. Please understand that we all do this rescue work on a volunteer basis and we will get to your application as soon as we can.

❖ Name: _____ Your age: _____

❖ Address: _____
(City) (State) (Zip)

Please note that Boston Buddies only adopts its dogs to homes in Southern California

❖ Phone: _____
(Home) (Work) (Cell)

❖ Email: _____ Best Time To Reach You: _____

❖ **FAMILY DATA:**

❖ Single _____ Married _____

❖ If married, does spouse approve of adopting this dog? Yes _____ No _____

❖ Comments: _____

❖ Children: Please note that Boston Buddies has a policy of not placing its dogs in homes with children under the age of eight.

Number /Ages: Boys _____
Girls _____

❖ Others in household who will have contact with the dog: _____

❖ Why are you interested in adopting a Boston Terrier? _____

❖ What qualities do you like in the Boston Terrier? _____

❖ What qualities or traits don't you want to find in a Boston Terrier? _____

❖ Have you ever owned a Boston Terrier before? Yes _____ No _____

If no, are you aware of the special needs of the Boston Terrier breed (i.e., must be an indoor dog, unable to tolerate extreme temperatures, social dog that does not like to be alone, etc.):

Yes _____ No _____

- ❖ Are you committed to caring for this dog for its lifetime? Yes _____ No _____
- ❖ Where will the dog stay during the day? _____
- ❖ How long will the dog be left alone during the day? _____ Hours _____ days a week
 - Will the dog have access to the house AND yard while left alone: Yes _____ No _____
 - If no, who will let the dog out? _____
 - Do you have a dog sitter? ___ Dog walker? ___ Doggie Door? ___
- ❖ Where will the dog sleep? _____
- ❖ Will the dog be allowed on the furniture? Yes _____ No _____
- ❖ Do you own your own home or rent? Own _____ Rent _____
 - Apartment _____ Home _____ Condo _____
- ❖ Does landlord approve of dogs on property Yes _____ No _____ (Renters must attach a copy of your lease or Notarized statement from your landlord stating the number and size of pets you are allowed to own) IF YOU RENT, please give name and number of your landlord as they will be contacted to verify that you are allowed to have animals: _____
- ❖ Do you have a fenced in yard? Yes _____ No _____ Kind of fence: _____ Height: _____
- ❖ If you do **Not** have a fence, how are you going to exercise this dog?: _____
- ❖ Are you interested in:
 - A Boston Buddies Dog Listed on Petfinders? If yes, which one: _____
Please realize that there is no guarantee that the dog you are interested in will still be available once your application is approved or that the dog is the right dog for you and your specific circumstances.
 - A puppy? Yes _____ No _____ (Please realize that most of our rescues are over 1 year old)
 - Older dog? Yes _____ No _____ Acceptable Age Range: _____
 - Male: _____ Female: _____ No Preference: _____
 - Would you consider a deaf Boston? Yes _____ No _____
 - Would you accept one with health problems? Yes _____ No _____
 - If the answer was "Yes", what kinds of health problems are acceptable? (Check all that apply). Allergies ___ Arthritis ___ Balance problems ___ Blindness ___ Deafness ___ Ear discharge ___ Epilepsy ___ Hair Loss ___ Heart disease ___ Incontinence ___ Limping ___ One-eyed ___ Scars ___ Skin Problems ___ Snorting ___ Special Diet ___ Spinal Deformity ___ Three Legged ___ Separation Anxiety ___
 - Would you consider a Boston mix? Yes _____ No _____
 - Would you adopt two dogs that have come from the same home & need to stay together?
 - Yes _____ No _____
 - Should your new pet be (check all that apply)--
Dog friendly _____ Cat friendly _____ Doesn't Matter _____
- ❖ Previously owned dogs: _____
- ❖ Dogs present in the home now (Breed, Age, Sex): _____
- ❖ Are they spayed/neutered? Yes _____ No _____
 - If NO, why not: _____
- ❖ Other pets currently owned and living in household: _____
- ❖ Are your current pets up to date on their annual vaccinations? Yes _____ No _____
- ❖ Are your current pets on heartworm preventative? Yes _____ No _____

o IF NO, why not? _____

❖ In addition to the pets identified above, what other pets have you owned in the last 5 years?

❖ If you have not owned ANY pets in the past 5 years, have you EVER owned any pets?

Yes ____ No ____

❖ IF Yes, when and tell me about them: _____

❖ Why do you No longer have these pets? _____

❖ Do you have any experience with formal obedience training of dogs? Yes ____ No ____

If yes, please explain the methods of training and where you learned how to train a dog : _____

❖ Have you filled out an adoption application with any other rescue organization? Yes ____ No ____ if so, to whom have you applied to and when? _____

❖ Have you adopted a dog from Rescue in the past? Yes ____ No ____ If so, from whom and when did you adopt? (Name and contact number)

o This can often shorten the adoption process. We do refer to other rescues if we cannot help you and vice versa.

❖ How did you hear about Boston Terrier Rescue?

o ____ My Veterinarian _____ Obedience/Agility/Breed Trials

o ____ American Kennel Club _____ Friend

o ____ Humane Society _____ Other (Please list)

❖ Personal references:

o Name: _____

o Phone Number: _____

o Name: _____

o Phone Number: _____

"RELEASE FOR VETERINARY REFERENCE:

I, _____, hereby give permission for any veterinarian providing service to me/my animals to release medical information on any/all of my animals to Boston Buddies, Inc., Southern California Boston Terrier Rescue

_____ (signature).

My current veterinarian is:

Name: _____

Address: _____

Telephone: _____

This release is Not limited to the veterinarian named above. **PLEASE LET YOUR VET KNOW WE WILL BE CALLING FOR A VET REFERENCE.**

Applicants without a current vet must list the vet they plan to use. Applications submitted without this information will be discarded:

Name: _____

Address: _____

Telephone: _____