



Date: _____

PUPPY APPLICATION

Buyers must be 21 or older

Please PRINT CLEARLY

Name: _____

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

Phone: _____ Secondary Phone: _____

Email _____

Which puppy or litter are you interested in? _____ Male or Female? _____

Full AKC Ownership

Pet

Household information Check all that apply.

House

Apartment

Room

Rent

Own

Landlords Name/Phone number _____

Veterinarian's Name/phone _____

Please give 3 Personal references (name/phone):

Have you ever owned or had experience with Bull Terriers before? _____

Are there other animals in the home? _____

If yes, What animals? _____

How many hours a day will puppy be home alone? _____

Are there children in the home? _____ If yes, what ages? _____

Have you ever been convicted of animal abuse? _____

If so, please explain: _____
