

You must be at least 18 years old to adopt from the CMHS.  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

**Household Information:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Employment \_\_\_\_\_

Do you:       Rent       Own       Live With Parents

If you rent or live with parents please provide the name, relationship to you, and contact information of the primary property owner.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How many adults live in your home? \_\_\_\_\_ Children? \_\_\_\_\_ Ages? \_\_\_\_\_

Do you have an existing history with CMHS?       Yes       No

If Yes, please describe \_\_\_\_\_

**Animal History**

What personality traits are you looking for in your new pet?

\_\_\_\_\_

\_\_\_\_\_

What size would you like your pet to be? \_\_\_\_\_

Will this be an inside or outside pet?

**Inside**    **Outside**

How do you plan on confining the animal to your property outside?

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Where will the animal be kept during the day?

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During the day how long will the animal be without human companionship?

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Have you ever taken advantage of formalized training for any animals currently or previously owned?

**Yes**    **No**

Has anyone in your household ever experienced an allergic reaction to pets in the past?

**Yes**    **No**

Do you have prior experience with bully breed animals?

**Yes**    **No**

If Yes, please describe prior experience. \_\_\_\_\_

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Are you looking for a protective, guard dog?

**Yes**    **No**

Are you familiar with the expectations of a breed ambassador?

**Yes**    **No**

Would you be interested in working with CMHS in the future for bully breed advocacy and awareness in our local and regional community?

**Yes**    **No**

Would you like to be notified of upcoming Bull Runs events?

**Yes**    **No**

Please list any animals that are currently at your residence. This is to include animals owned by roommates, partners, children, parents, etc.

Name	Species	Breed	Sex/Age	Spayed/Neutered?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you had other pets in the past five years?

Yes  No

If Yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR STAFF USE ONLY**

Application Accepted \_\_\_\_\_

ID Verified \_\_\_\_\_

Address Verified \_\_\_\_\_

Interview Complete \_\_\_\_\_

Vaccinations UTD \_\_\_\_\_

Red Flag Cleared \_\_\_\_\_

Approved for Adoption \_\_\_\_\_

Landlord Verification \_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Bull Runs – Bully Breed Adoption Application

Please initial next to each paragraph after reading.

\_\_\_\_\_ The Central Missouri Humane Society adopts out bully breed ambassador animals into the community. *It is the adopter's responsibility after adoption to continue this ambassadorship.*

\_\_\_\_\_ Some cities or counties have enacted legislation that prohibits ownership of bully breeds. A short list is available from the front desk to ensure you do not live in one of these areas. *This is not a complete list. It is the adopter's responsibility to confirm the city, town, county, etc. that bully breed ownership is allowed in the adopter's area.*

\_\_\_\_\_ Some homeowner's insurance providers may exempt bully breed or bully breed mixes from liability policies. *It is the adopter's responsibility to be aware of the insurance policies and the effect that bully breed ownership may have on insurance.*

\_\_\_\_\_ Many military installations prohibit the ownership of bully breed animals on base. *If the adopter or spouse of adopter is currently an active service member it is the responsibility of the adopter to be aware of the policies of military installations and ensure safe and temporary housing can be arranged should the adopter or spouse of the adopter be stationed at a post that does not allow bully breed ownership.*

I hereby release to the Central Missouri Humane Society all veterinary records of any and all animals I have owned or currently own.

Name of Veterinary Clinic \_\_\_\_\_

Phone Number \_\_\_\_\_

I certify that all information in this application is true and understand that false information may void the application. I also understand that failure to comply with future requirements and accepted standards of animal care could result in my inability to adopt other animals from the CMHS.

Signature \_\_\_\_\_ Date \_\_\_\_\_