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Revival American Bulldogs   
Puppy Application Form

At Revival American Bulldogs, we breed for health, temperament and function (working ability). Our goal is to improve this amazing breed by selectively choosing quality lines to include in our breeding program. We hope to better the breed through each generation whilst always staying true to the breed standard. We aim to produce stable Standard American Bulldogs suitable for the family and working home.

This form has been created as a basic guide that will help us decide which puppy is best suited to you and your wants/needs.

We always put our puppies’ best interest first, so keeping in mind people’s preferences, we will most likely choose your puppy for you. Based on what characteristics you are looking for, what you want to do with your dog, and what you are wanting for you, your family and your home, will help us determine which puppy is going to be best suited for you.

The way in which we match potential clients with our puppies is by creating profiles for each puppy by the time they are 8 weeks of age. We then provide these profiles (without pictures) to each prospective puppy buyer and ask that you rate the puppies in order of preference. Based on the order we receive the deposits, the order of preference listed by each prospective puppy buyer and our own personal opinion of which puppy would be best suited to which home will determine which puppy you are matched with.

It is really important that you fill out this form as honestly and thoroughly as you possibly can. Failure to do so will result in the termination of your application. Revival American Bulldogs has the right to refuse the purchase of our puppies.   
  
Upon receipt of this application we require a $200 transferable/non-refundable deposit to begin processing your application. We require 50% of the remainder of the price of the puppy when the puppies are born and the remaining 50% when the puppies are 10 weeks of age. All pricing is listed on our website: [www.revivalamericanbulldogs.com](http://www.revivalamericanbulldogs.com)

General

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: | |  | | | | | | | |
| Address: | |  | | | | | | | |
| Street, City, Province, Postal Code, Country | | | | | | | | | |
| Phone: | |  | | Cellphone: | | | |  | |
| Email: | |  | | | | | | | |
| How did you hear about Revival American Bulldogs? | | | | | | | | | |
|  | | | | | | | | | |
| Would you like to be put on our waiting list? | | | | | | | Yes  No | | |
| If you are interested in a specific breeding, please let us know which one: | | | | | | | | | |
|  | | | | | | | | | |
| Are you interested in Co-Owning a puppy? \*Conditions Apply  You are sold one of our puppies, while breeding rights remain with Revival American Bulldogs | | | | | | | | | |
| Yes  No  Pending more information | | | | | | | | | |
| How many people live in your home?  Please list the Name, Age and Relationship of each individual in the home. | | | | | | | | | |
| Name: |  | | Age: | |  | Relationship: | | |  |
| Name: |  | | Age: | |  | Relationship: | | |  |
| Name: |  | | Age: | |  | Relationship: | | |  |
| Name: |  | | Age: | |  | Relationship: | | |  |
| Name: |  | | Age: | |  | Relationship: | | |  |
| Name: |  | | Age: | |  | Relationship: | | |  |
| Do you work? | | | | | Full Time  Part Time  Casual  Work from home  Stay at home  Retired  Not working | | | | |
| Do you live in a: | | | | | House  Unit  Apartment  Townhouse  Acreage/Land | | | | |
| Do you own your own home or are you renting? | | | | | Own Home  Renting | | | | |
| If you rent\*, do you have your landlord’s permission to own a dog? | | | | | Yes  No | | | | |
| Landlord’s Name: | | | | |  | | | | |
| Landlord’s Phone Number: | | | | |  | | | | |
| *\*We require written consent stating that you are permitted to have a dog on the premises. Please include this consent with your completed application\** | | | | | | | | | |

Vetting and Other Pet Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vet Clinic: | | | | | | | |  | | | | | | | | |
| Doctor’s Name: | | | | | | | |  | | | | | | | | |
| Vet’s Telephone Number: | | | | | | | |  | | | | | | | | |
| Can we contact your vet to conduct a reference check? | | | | | | | | Yes  No | | | | | | | | |
| Name that animals are under at the vet’s office (pet’s name and owner’s name).  If applicable, provide the approximate date of current pet’s last visit: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| What is your philosophy on veterinary care and pet insurance? Will you provide annual checkups and vaccinations? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please list any animals that currently live at your residence: | | | | | | | | | | | | | | | | |
| Name: |  | | | Breed: | | |  | | | | | | Age: | | |  |
| Species: | | |  | | Spay/Neuter | | | | Vaccinated | | | Heartworm | | | | |
| Name: |  | | | Breed: | | |  | | | | | | Age: | | |  |
| Species: | | |  | | Spay/Neuter | | | | Vaccinated | | | Heartworm | | | | |
| Name: |  | | | Breed: | | |  | | | | | | Age: | | |  |
| Species: | | |  | | Spay/Neuter | | | | Vaccinated | | | Heartworm | | | | |
| Name: |  | | | Breed: | | |  | | | | | | Age: | | |  |
| Species: | | |  | | Spay/Neuter | | | | Vaccinated | | | Heartworm | | | | |
| Please list any dogs you have owned in the past 10 years: | | | | | | | | | | | | | | | | |
| Name: | |  | | | | Age: | |  | Spay/Neuter: | | | | |  | | |
| What happened to this dog? | | | | | | | |  | | | | | | | | |
| Name: | |  | | | | Age: | |  | Spay/Neuter: | | | | |  | | |
| What happened to this dog? | | | | | | | |  | | | | | | | | |
| Name: | |  | | | | Age: | |  | Spay/Neuter: | | | | |  | | |
| What happened to this dog? | | | | | | | |  | | | | | | | | |
| Name: | |  | | | | Age: | |  | Spay/Neuter: | | | | |  | | |
| What happened to this dog? | | | | | | | |  | | | | | | | | |
| Personal References | | | | | | | | | | | | | | | | |
| Name: |  | | | | | Relationship: | | | |  | Number: | | | |  | |
| Name: |  | | | | | Relationship: | | | |  | Number: | | | |  | |
| Name: |  | | | | | Relationship: | | | |  | Number: | | | |  | |

Puppy Information

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| --- | --- | --- | --- |
| Why would you like to purchase a puppy from Revival American Bulldogs? | | | |
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| Have you owned an American Bulldog before? | | Yes  No | |
| If you have not owned an American Bulldog before, have you owned another large, powerful breed before?  Please list which breed(s). | | | |
|  | | | |
| Have you done any research on the American Bulldog? | | | |
| Yes  No  A Little Bit | | | |
| Is there a specific puppy that you have seen and are interested in?  Please let us know which one. | | | |
|  | | | |
| Preferred Sex? | Male  Female  No preference | | |
| Are you looking for a particular type of puppy?  Temperament, Energy Level, Colour/Markings etc. | | | |
|  | | | |
| What type of personality/temperament are you looking for? | | | |
|  | | | |
| Please specify what training you will be doing with your puppy/dog.  Puppy School, Obedience, etc. | | | |
|  | | | |
| Will your puppy be an inside or outside dog? | Inside  Outside  Both | | |
| What type of diet will your puppy/dog be on? | Raw  Home Cooked  Canned Dog Food  Kibble | | |
| How much exercise will your puppy/dog get per week? | | |  |
| During this dog’s lifetime which of the following reasons may prompt you to give him/her back to us? (Check all that apply): | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Digging | Moving | Health Problems (you or the dog) | | | Destructive Chewing | |
| Allergies | Biting | Jumping on people | Financial problems | | Barking | |
| New Spouse/Partner | | Aggressive with your other pets | | | | Death of family member |
| Aggressive with people/kids | | Aggressive with other people’s dogs | | | | Shedding |
| Landlord revokes permission | | No longer have time for the dog | | | | |
| Have trouble finding a residence that allows dogs | | | | Runs away/escapes yard | | |
| Dog requires more exercise than you or your family is able to provide | | | | | | |
| Neighbours (or family/friends) pressure you to give up the dog | | | | | | |
| Your resident pet(s) do not like the new dog or vice versa | | | | | | |
| None of these reasons would prompt me to give this dog back to Revival American Bulldogs (Melissa De Decker) | | | | | | |
| Other, please specify: | | | | | | |

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| --- | --- |
| What type of activities would you like to do with your American Bulldog? | Family Pet/Companion  Working Prospect  Conformation/Showing  Breeding |
| If you are wanting a potential working prospect, please list in what fields.  Hunting, Weight Pull, Agility, IPO, PP, etc. | |
|  | |

If you are wanting a puppy with full registration and breeding rights, please fill out the following questions.

|  |
| --- |
| Are you already an American Bulldog Breeder? |
| Yes  No |
| Please provide the name of your kennel.  Link to Facebook page and/or website. |
|  |
| Who is your kennel registered with? |
|  |
| Why would you like to include one of our dogs in your breeding program? |
|  |
| What health testing do you do on your dogs? |
|  |
| Please tell us a little bit about the direction you plan on going with your kennel and breeding plans. |
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Thank you for taking the time to fill out our application form.

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| Do you have any questions you would like to ask us? |
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| --- | --- | --- |
| Are you committed to taking care of your pet emotionally and financially for the rest of his/her life, which could be upwards of 20 years? | Yes | No |
| If you are unable to keep the dog in your family at any point in its life, do you promise to return him/her to us and **AGREE NOT TO PLACE THE DOG IN SHELTER:** | Yes | No |
| If you have a home that you feel is just perfect for your dog to be re-homed in, are you willing to notify us to **allow a screening of the new potential home**/to work with you to make the transition easy for your dog? | Yes | No |
| If we feel the home is not right for your dog, are you willing to then **return the dog to us** instead? | Yes | No |
| Are you currently in the process of purchasing through another breeder/agency? | Yes | No |

By submitting the above application, **I certify that the information I have provided is complete and accurate** and that I give my permission to you to contact my landlord (if applicable), references and my current and/or previous veterinarians.

Signature: Date: