

## SAFE HOUNDS BEAGLE RESCUE ADOPTION APPLICATION

Thank you for your interest in adopting a dog from Safe Hounds Beagle Rescue. The decision to adopt a Beagle is an important one that requires careful thought and consideration. Our goal is to achieve a good match between dog and human to ensure a successful adoption. Please carefully read and complete the entire application. Mail the application to: Safe Hounds Beagle Rescue, PO Box 515, Blairstown, NJ 07825 or Fax: 1-888-389-4272. Upon the completion of a preliminary review we will contact you to arrange a home visit. SHBR maintains the right to deny any application.

| <b>PERSONAL DATA</b>  |  |                                   |   |   |                   |
|---|--|-----------------------------------|---|---|-------------------|
| <i>(All personal information will be kept strictly confidential and not shared with anyone that is not directly involved in the adoption or interview process.)</i>   |  |                                   |   |   |                   |
| Applicant's Name  |  |                                   | Co-Applicant  |   |                   |
| Address   |  | City                              | State   | Zip   | Home Phone<br>( ) |
| Years at this address:  |  | Prior Address:                    |   |   |                   |
| Are You: <input type="checkbox"/> Working <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other Explain:  |  |                                   |   |   |                   |
| Occupation:   |  | Age:                              | E-mail Address:   |   |                   |
| Employer's Name   |  | Work Phone<br>( )                 | Spouse/Partner's Employer   |   | Work Phone<br>( ) |
| Address   |  | Work Hours:                       | Address   |   | Work Hours:       |
| <b>HOUSEHOLD INFORMATION</b>  |  |                                   |   |   |                   |
| Are there other adults living in this household? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please list other adults below.  |  |                                   |   |   |                   |
| Full Name   |  |                                   |   | Relationship to applicant(s)                      |                   |
| 1.  |  |                                   |   |   |                   |
| 2.  |  |                                   |   |   |                   |
| 3.  |  |                                   |   |   |                   |
| Who will be the <u>main</u> person responsible for the dog's daily care (feeding, exercise, grooming, etc.)? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Roommate <input type="checkbox"/> Other |  |                                   |   |   |                   |
| If Other, please explain:   |  |                                   |   | How many hours will dog be left alone daily: ____ |                   |
| Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with a family member   |  |                                   | Live in a: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo/Townhouse |   |                   |
| Does your lease or homeowners association permit you to have a dog?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure <input type="checkbox"/> Does not apply   |  |                                   | Landlord's Name:<br>Address & Phone:  |   |                   |
| Where will the dog be kept? <input type="checkbox"/> Inside <input type="checkbox"/> Outside  |  | Are you moving?                   |   |   |                   |
| How many children live in or regularly visit the home?  |  |                                   | List age(s) of children:  |   |                   |
| Does any member of the household have asthma or pet allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>If yes, who?</i>   |  |                                   |   |   |                   |
| Where will the dog be exercised?  |  |                                   | Do you have your own yard? <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |   |                   |
| Is the yard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No    If <b>yes</b> , explain what type?  |  |                                   |   | How high?   |                   |
| <b>PERSONAL REFERENCES</b>  |  |                                   |   |   |                   |
| <i>(Please list persons not living with you that we can contact—DO NOT include your Vet or family members in this section.)</i>   |  |                                   |   |   |                   |
| Reference Name  |  | E-mail Address or Mailing Address |   | Telephone Number                                  |                   |
| 1.  |  |                                   |   | ( )   |                   |
| 2.  |  |                                   |   | ( )   |                   |
| 3.  |  |                                   |   | ( )   |                   |

The information provided herein is true and complete to the best of my knowledge. I hereby give permission to the Rescue to verify the information provided, including contacting references and my veterinarian to obtain information about my past and present pets.

Signature of Applicant

Date

### PET INFORMATION

Do you have previous experience with Beagles?  Yes  No If **Yes**, explain:

Please list **ALL** the pets you have had in the past 5 years. **Use another page if necessary.** Check here if no prior pets:

| Pet's name | Primary Breed | Male/Female?  | Spay/Neutered?  | Do you still own?                                     | If <b>Yes</b> , give pet's age? If <b>No</b> , where is pet now? |
|------------|---------------|---|---|---|--|
|            |               | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |  |
|            |               | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |  |
|            |               | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |  |
|            |               | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |  |

If you currently have a pet, is it licensed per state law and local ordinances in the town in which you live?  Yes  No

Are there other pets in the home that do not belong to you? If so, explain:

Have you ever:  given a pet away to someone?  sold a pet?  surrendered a pet to a shelter or rescue group?  N/A

How often do you travel?  Frequently  Occasionally  Rarely Average trip length: \_\_\_\_\_  days  weeks

Who will care for your dog when you are away?  Kennel/Boarding facility  Professional Pet Sitter  A household member  
 I will take my dog(s) to a friend's home  A friend comes to my home  I will take my dog(s) with me  Other

I am interested in:  Adopting a rescued Beagle  Fostering a Beagle  Fostering a Beagle with the option to adopt

I would prefer a dog that is:  <1 yr.  1-2 yrs.  2-5 yrs.  5+ yrs.  Female  Male  No preference

I would prefer a Beagle that is:  <20 pounds (small)  20-25 pounds (medium)  25+ pounds (large)  No preference

Would you adopt a dog that is **NOT** completely housetrained?  Yes  No  Not sure, but I would consider it.

Would you *consider* a dog with "special needs" (i.e., medical condition or requires medication, etc)?  Yes  No  Possibly

Dog will be a: (*check all that apply*)  family pet  watch dog  hunting dog  companion for my dog  gift for someone

Where will dog stay during the day? \_\_\_\_\_ Where will dog be kept at night? \_\_\_\_\_

What is your timeframe to adopt a dog?  Immediately  2-4 weeks  1-3 months  No particular time frame

Please list other rescues/shelters you have applied to:

None

### VETERINARY REFERENCES

Please list the veterinarian(s) you have used in the past 5 years. Use the back of this page if necessary. Check here if none:

| Veterinarian / Clinic Name | Address | City, State, Zip Code | Telephone Number |
|----------------------------|---------|-----------------------|------------------|
| 1.                         |         |                       | ( )              |
| 2.                         |         |                       | ( )              |
| 3.                         |         |                       | ( )              |

Please tell us why you want to adopt a dog (be specific):

Please tell us what qualities you are looking for in a Beagle: