

Basset Hound Rescue League Adoption Application

Last Name: _____
First Name: _____
Street Address: _____
City: _____ State _____ ZIP: _____
Day phone: _____ Evening phone: _____
Cell phone: _____
Email address _____

How did you hear about BHRL?

TELL US ABOUT YOUR HOUSEHOLD:

How many adults? ____ What kind of hours are worked?
Will anyone be at home in the day? _____ at night? _____
What are the ages and sex of any children?

How do other family members feel about getting a Basset?

Do you own ____ or rent ____ your home?
Type of home? (Circle one)
Single family Apartment Condo Other _____

Is anyone in the house allergic to dogs?

TELL US ABOUT OTHER PETS:

Do you presently own any other animals? Please tell us what type, the breed, sex, how long you have had the animal and if it is altered.

Have you ever owned a dog before? _____ a Basset? _____
Have you ever taken a dog to a basic obedience course?
Did you pass?
If not, what happened?

Have you ever had a dog euthanized (put to sleep)?
Why?

WHY A BASSET HOUND?

Why would you like to have a Basset in the family?

What do you like about Bassets?

What do you dislike about Bassets?

Have you read any books about Basset Hounds or dogs in general? Which ones?

THE BASSET'S LIFE:

Do you have a fenced area or yard for the dog?

Please describe the fence, and give approximate dimensions (height of fence, size of area enclosed).

If you do not have a fenced area for the dog, what arrangements will be made for the dog's exercise and toilet duties?

Are you willing to house-train a dog, if necessary?

Where will the dog be kept during the day?

At night?

When you are away from home?

Name of your veterinarian?

Phone Number and Address of veterinarian: _____

May we contact your vet for a reference? _____

May we have a personal reference, preferably another dog owner?

Name

Phone

All the information I have provided on this application is, to the best of my knowledge, true and complete. I understand that falsifying answers on this application, or at any other time during the application process disqualifies me from adoption.

Signature: _____ Date: _____

Please return this completed and signed application to:

BHRL

P.O. Box 44201

Fort Washington, MD 20749

Date of interview _____ Approved by _____

Comments
