

Adoption Application

**SOUTHEAST BLOODHOUND RESCUE, INC.  
ADOPTION APPLICATION**

*Southeast Bloodhound Rescue, Inc. is a private charitable nonprofit rescue organization 501 (c)3. SEBR is the regional rescue organization affiliated with and approved by the American Bloodhound Club, Inc.*

**A processing fee of \$25.00 MUST accompany the completed application. All fees must be paid via bank check, money order or Pay Pal (Pay pal requires an additional \$2.00 for handling fees)**

***Please print all information carefully and in legible form.***

***Unreadable or incomplete forms will be returned for correction and WILL delay processing.***

Thank you for your interest in adopting a rescued Bloodhound. We would appreciate your answers to the following questions so we can help you select the right Bloodhound for you and your family. All information is treated as confidential. SUBMISSION and ACCEPTANCE of this application does not guarantee that you will receive a Bloodhound. Sole discretion of the approval of an application remains with the Board of Directors of the organization.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Telephones Home \_\_\_\_\_ Best Time to Call \_\_\_\_\_  
Work \_\_\_\_\_ Best Number to Call \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ How  
Long \_\_\_\_\_

Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ How Long \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

How did you hear about  
SEBR \_\_\_\_\_

Have you ever owned a Bloodhound before  yes  no

Why do you think you want a Bloodhound?

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Please list the pet(s) you currently own, their species and ages:

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

Are your current pets spayed/neutered  yes  no – If no why not \_\_\_\_\_

List any pets that are no longer in your home over the past 3 years \_\_\_\_\_

What happened to the pets you no longer own \_\_\_\_\_

YOUR HOUSING SITUATION

Do you Own \_\_\_\_\_ Rent \_\_\_\_\_ A House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_

If Renting: Landlord's Name/Rental Agency \_\_\_\_\_  
Telephone \_\_\_\_\_

How Long have you lived at this address \_\_\_\_\_

Do you have a fenced yard?  yes  no: if yes: Height \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Type of Fencing  chain link  privacy  Welded Farm Fence  Other – please describe \_\_\_\_\_

Do you have a fenced dog pen  yes  no - Size Height \_\_\_\_\_ Width \_\_\_\_\_ Lenth \_\_\_\_\_ Covered \_\_\_\_\_

**A SECURELY FENCED YARD IS REQUIRED TO ADOPT A BLOODHOUND**

GENERAL INFORMATION REQUIRED

How many adults live in the household \_\_\_\_\_ Children \_\_\_\_\_ Name's & Ages \_\_\_\_\_

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

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Have the children ever been exposed to large dogs  yes  no – If yes What was the experience like \_\_\_\_\_

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Is there anyone in the household that is frail  yes  no – if yes explain who and what their condition is \_\_\_\_\_

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Does any one in the household have animal related allergies  yes  no , If yes explain \_\_\_\_\_

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Do you have contact with grandchildren, other relatives that have children, or neighborhood children  yes  no

What are the working hours of the adults in the household \_\_\_\_\_

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How many hours will the dog be without adult companionship \_\_\_\_\_, adult supervision \_\_\_\_\_

Where will the dog be housed when you are not at home \_\_\_\_\_

Do you have a wire crate  yes  no \_\_\_\_\_length \_\_\_\_\_width \_\_\_\_\_height; if no are you willing to buy a crate? \_\_\_\_  
Airline crates are not acceptable due to lack of good air circulation for extended period of time.

Where will the dog be kept during the day? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

Who will be the primary responsible care taker for the dog? \_\_\_\_\_

Please answer the following questions in as much detail as possible.

Would you accept and older dog  yes  no \_\_\_\_\_

A dog that has been abused  yes  no \_\_\_\_\_

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A dog that has a physical handicap  yes  no \_\_\_\_\_

A dog the requires regular medical treatment for a disorder or disease  yes  no \_\_\_\_\_

A dog that is not reliable with children  yes  no \_\_\_\_\_

Understanding that some rescue dogs have had little or no training are you willing to take the dog to obedience classes  
 yes  no

Are you willing to give the rescue dog at least four (4) weeks to adjust to your home and family  yes  no

Are you willing to allow a representative of Southeast Bloodhound Rescue, Inc. to visit your home prior to adoption  
 yes  no After adoption  yes  no

Do you prefer a  Male  Female  No preference Age Range \_\_\_\_\_ to \_\_\_\_\_

Please include any information/comments that you feel would be helpful to SEBR in placing a Bloodhound with you.

Have you applied to any other Bloodhound or All Breed Rescue for a dog? If so to What Group \_\_\_\_\_ when \_\_\_\_\_

What was the disposition of the application \_\_\_\_\_

PLEASE LIST ANY BLOODHOUNDS CURRENTLY SHOWN AS AVAILABLE FOR ADOPTION THAT YOU MAYBE INTERESTED IN (Please note that all dogs may not be available at the time your application is approved – dogs can change on an almost daily basis)

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

SEBR recommends that you/your family visit the foster home of the dog you are interested in adopting to meet the dog first. This does involve travel. Are you willing to do this?  yes  no.

SEBR will sometimes assist in transporting adopted dogs to their new homes. Under no circumstances will SEBR pay for transportation via ICC carrier, airlines, etc. This would be the sole responsibility of the adopting family if the transport is approved by the Board of Directors and the transporter is by licensed by the appropriate authorities or authorized by SEBR

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REFERENCES

All References must include complete address and telephone numbers with area codes. Please advise your references that you have submitted their names to our organization and give them your permission to speak with us. The biggest source of denied applications are incorrect telephone numbers, incomplete address and reference that do not return our calls.

VETERINARIAN REFERENCE

Clinic Name \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Last visit (approx) \_\_\_\_\_

List one (1) reference who is **A MEMBER** of your family, but does not reside with you.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

List Three Personal References who are **NOT MEMBERS** of your family and do not reside in your household.

Name \_\_\_\_\_ How do you know this person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ How do you know this person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_



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Southeast Bloodhound Rescue, Inc  
Leanne Dayvolt

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\*\* Original must be mail following the fax transmission for the permanent records.