



Southeast Bloodhound Rescue, Inc.

Matching Bloodhounds with Loving Families

ADOPTION APPLICATION

Southeast Bloodhound Rescue, Inc., is a private charitable nonprofit rescue organization 501(c)3. Southeast Bloodhound Rescue, Inc., 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. To pay the fee, visit our website (<http://www.southeastbloodhoundrescue.net>), click **Donate** in the top menu bar, and then click **General Fund Donation**.

Please print all information carefully and in legible form.

We cannot process an application unless it is legible and complete.

Thank you for your interest in adopting a rescued Bloodhound. Your answers to the following questions will help us select the right Bloodhound for you and your family. All information is treated as confidential. Submission of this application and its receipt by Southeast Bloodhound Rescue, Inc., does not guarantee that you will receive a Bloodhound. Approval of an application remains solely at the discretion of the Board of Directors for Southeast Bloodhound Rescue, Inc.

Name _____

Address _____ City _____ State ____ Zip _____

Telephones: Home _____ Work _____

Cell _____

Best Time to Call _____ Best Number to Call _____

Email _____

Employer _____ How long? _____

Address _____

Spouse's Name _____ Cell Phone _____

Spouse's Employer _____ How long? _____

Address _____ Telephone _____

How did you hear about Southeast Bloodhound Rescue, Inc.? _____

PETS

Have you ever owned a Bloodhound before? yes no

Why do you think you want a Bloodhound? _____

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 or rent your place of residence? own rent

What type of residence? 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 (feet) _____ Length (feet) _____ Width (feet) _____

Type of Fencing privacy chain link welded farm fence Other

If other, please describe: _____

Do you have a fenced dog pen yes no

If yes, what size? Height (feet) _____ Length (feet) _____ Width (feet) _____

Is it covered? yes no

A SECURELY FENCED YARD IS REQUIRED TO ADOPT A BLOODHOUND

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GENERAL INFORMATION REQUIRED

How many adults live in the household? _____ How many children? _____

Names and ages of children:

Have the children ever been exposed to large dogs? yes no

If yes, what was the experience like?

Does anyone in the household have allergies to dogs or dog dander? yes no

Are there children who regularly visit you in your home? yes no

What are the working hours of the adults in the household? _____

How many hours will the dog be without adult companionship or adult supervision? _____

Where will the dog be housed when you are not at home? _____

Do you have a wire crate yes no

If yes, what size? Height (feet) _____ Length (feet) _____ Width (feet) _____

If no, are you willing to buy a crate? yes no

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? _____

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PREFERENCES

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

	Yes	No
Would you accept and older dog?	<input type="checkbox"/>	<input type="checkbox"/>
A dog that has been abused?	<input type="checkbox"/>	<input type="checkbox"/>
A dog that has a physical handicap?	<input type="checkbox"/>	<input type="checkbox"/>
A dog the requires regular medical treatment for a disorder or disease?	<input type="checkbox"/>	<input type="checkbox"/>
A dog that is not reliable with children?	<input type="checkbox"/>	<input type="checkbox"/>
Some rescued bloodhounds have had little or no training. Are you willing to take the dog to obedience classes?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to give the rescue dog at least four (4) weeks to adjust to your home and family?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to allow a representative of Southeast Bloodhound Rescue, Inc., to visit your home prior to adoption?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to allow a representative of Southeast Bloodhound Rescue, Inc., to visit your home after adoption?	<input type="checkbox"/>	<input type="checkbox"/>

Do you prefer a male female no preference Age Range _____ to _____

Please include any information/comments that you feel would be helpful to Southeast Bloodhound Rescue, Inc., in placing a Bloodhound with you.

Have you applied to any other Bloodhound Rescue or All Breed Rescue for a dog? yes no

If yes, to what group? _____

When? _____

What was the disposition of the application? _____

Please list any bloodhounds currently shown as available for adoption that you may be interested in.

Please note that all dogs may not be available at the time your application is approved. Availability for a bloodhound can change on an almost daily basis.

Southeast Bloodhound Rescue, Inc., 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

Southeast Bloodhound Rescue, Inc., will sometimes assist in transporting adopted dogs to their new homes. Southeast Bloodhound Rescue, Inc., does **not** pay for transportation via carrier, airlines, etc. If transport is required, this is 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 Southeast Bloodhound Rescue, Inc.

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) _____

FAMILY REFERENCE

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 _____

PERSONAL REFERENCES

List three Personal References who are not members of your family and do not reside in your household.

Personal reference #1: Name _____
How do you know this person? _____
Address _____ City _____ State _____ Zip _____
Day Phone _____ Evening _____ Cell _____

Personal reference #2: Name _____
How do you know this person? _____
Address _____ City _____ State _____ Zip _____
Day Phone _____ Evening _____ Cell _____

Personal reference #3: Name _____
How do you know this person? _____
Address _____ City _____ State _____ Zip _____
Day Phone _____ Evening _____ Cell _____

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