

BASSET BUDDIES RESCUE, INC. (BBR) ADOPTION APPLICATION

We are excited that you are thinking about adopting one of our lovable hounds!

Please complete this form, as thoroughly as possible so we can match you with a basset that is right for your family. Please be aware that:

1. References checks are done on all adopting families.
2. Each family pet (including cats) must be current on his or her vaccinations.

If you are unable to complete this form on your computer, please print & complete a PDF copy and mail it to the address listed on the Home page.

APPLICANT INFORMATION

Name* _____
Address* _____
City* _____ County*: _____ State* _____ Zip Code* _____
Phone*: () _____
Cell Phone (if you have one) _____
Email*: _____
Why do you want to adopt a basset? _____
When do you plan to adopt? _____ Name & Tag # of dog you are interested in: _____
* Required Fields

HOUSEHOLD INFORMATION

Do you: own rent
I live in a: house townhouse condo apartment trailer
If you rent, will your landlord give you written permission to have a dog? YES NO
Landlord's Name: _____ Phone Number: () _____
Number of people in household: Adults (over 18) _____ Children: # of Boys _____ Their Ages: _____
of Girls _____ Their ages: _____
Is anyone in the family allergic to dogs? YES NO Don't know
Is someone home during the day? YES NO Who? _____ At night? YES NO
Who? _____
Number of hours per day dog would be home alone _____

YARD

Do you have a fenced in yard: YES NO If yes, what type (wood, chain link, etc.)? _____
If yard is NOT fenced in, I will keep the dog on a leash at all times when outside YES NO
If yard is not fenced, what arrangements have you made for exercise and toilet duties? _____
Which family member will be the basset's primary caretaker? _____

DOGS AND YOU

Have you ever owned a dog before? YES NO Type of dog: _____ How long ago: _____

Have you ever owned a rescue dog: YES NO Have you owned a basset before: YES NO

If you have had or presently have other pets in your family, please complete the area below

Type/Breed & how long owned	Age	Sex: M(ale) or F(emale)	Spayed/Neutered Y(es) N(o)d	Temperament: Dominant or Submissive	Behavior with other dogs:

Have you ever given up a pet? YES NO If yes, what type and why: _____

I am interested in (check all that applies)

A male ___ A female ___ Between the ages of ___&___. Color Preference: Red & White Tri-Color
 Age doesn't matter Color doesn't matter Gender doesn't matter

Comments: _____

Are you willing to housetrain, if necessary? YES NO

Are you willing to work with a Basset Buddies Rescue trainer if problems occur? YES NO

Will you take the basset to obedience classes if needed? YES NO

Where will the basset be kept during the day: _____ At night: _____

Where will the dog be kept when no one is home? _____

Number of hours per day that dog would be home alone: _____

Are you willing to use a crate to confine your dog when no one is home to supervise? YES NO

Have you ever crate trained a dog? YES NO Do you have a crate available? YES NO

Are you willing to allow a BBR representative to visit your home prior to an adoption? YES NO

Comments: _____

BASSET HOUND CARE AND TRAINING

VETERINARIAN CARE* Do you have a regular vet? YES NO

VETERINARIAN'S NAME* _____ CLINIC NAME _____ PHONE #* _____

ADDRESS*: _____ CITY*: _____ STATE* _____ ZIP* _____

Pet/s/ Names on Vet records:	Family Name on Vet record:
Please note: your vet WILL be contacted to verify the vaccination status of all family pets.	
If no regular or current vet, please complete the below request for references (excluding family members).	
*Reference 1 Name: _____	Phone#: (____)____

*Reference 2 Name: _____	Phone#: (____)____

*Required fields	
ALL OF THE ABOVE AREAS MUST BE COMPLETED IN FULL	
Please read all of the following carefully and check if you understand & agree. I UNDERSTAND I AM RESPONSIBLE FOR, AND AGREE TO, THE FOLLOWING:	
My basset will need an annual heartworm test and preventative medication.	YES <input type="checkbox"/>
My basset will need an annual check-up and vaccinations.	YES <input type="checkbox"/>
My basset will need periodic grooming, nail trims, ear cleaning, and anal glands expressed.	YES <input type="checkbox"/>
My basset will need plenty of exercise.	YES <input type="checkbox"/>
My hound is a scent hound and must NEVER be left off leash in an unsecured area.	YES <input type="checkbox"/>
My basset will not be allowed on a boat or near an unfenced pool without supervision including a life jacket. (Most bassets cannot swim due to their body configuration and could easily drown.)	YES <input type="checkbox"/>
The average cost for the first year to 'outfit' my dog (crate, bed, bowls, food, vet care & toys) could exceed \$500.	YES <input type="checkbox"/>
I understand that my basset hound is a house dog and is not to live, be kenneled or chained, outside for an extended period of time.	YES <input type="checkbox"/>
ALL OF THE ABOVE AREAS MUST BE COMPLETED IN FULL	
I HAVE READ, UNDERSTOOD AND AGREE TO COMPLY WITH ALL OF THE REQUIREMENTS OF THE BASSET BUDDIES RESCUE, INC. ADOPTION STIPULATIONS AND POLICY AS LISTED HERE AS WELL AS IN THE ADOPTION POLICY STATEMENT ON THIS SITE.	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
I AUTHORIZE THE VERIFICATION OF ANY AND ALL INFORMATION AS PROVIDED ON THIS FORM AS IT IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPELTE. I FURTHER UNDERSTAND THAT FALSIFYING ANSWERS ON THIS APPLICATION OR AT ANY OTHER TIME TO A BBR REPRESENTATIVE DISQUALIFIES ME FROM ADOPTIONG FROM BASSET BUDDIES RESCUE, INC. (BBR). I AM AWARE THAT SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE THAT I WILL BE APPROVED TO ADOPT A DOG FROM BBR.	
THIS APPLICATION MUST BE SIGNED AND DATED IN ORDER TO BE ACCEPTED FOR REVIEW..	
Signature of applicant:	Date:
Signature of spouse	Date:

SUBMIT FORM

RESET FORM