



Helping Hounds

Dog Rescue

ADOPTION APPLICATION

There are many beagles and hounds who need homes for a variety of reasons. It is our job to match you with a dog that will fit your lifestyle. By providing us with the information contained herein, it will better aid us in this process. The information you provide will be held in strictest confidence and will only be used for this purpose.

****Applicants must be at least 18 years of age or older!****

Name: _____

Street Address: _____

City/State/Zip: _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____ Own or Rent? Own Rent

Dwelling Type: Single Family Home Apartment Townhouse/Condo Mobile Home

Landlord Name: _____ Telephone Number: _____

Veterinarian: _____ Telephone Number: _____

Current Pet Information

	Name	Type	Sex/Age	Altered
Pet #1	_____	_____	_____	_____
Pet #2	_____	_____	_____	_____
Pet #3	_____	_____	_____	_____

Household Information

Number of adults in home? _____

Number of children in home? _____ Ages? _____

Is someone home during the day? Yes No

If No, where will the dog be left? _____

How many hours will the dog be alone during the day? _____

Do you have a fenced yard? Yes No

If No, how will you exercise the dog? _____

Do you own a crate? Yes No

Why do you want to adopt a rescue dog? _____

How will you discipline your dog? _____

Will your dog attend obedience classes? Yes No

Do you understand that many dogs are scent driven and, with rare exception, must NEVER be allowed off-leash in open, unsecured areas? Yes No

Personal Reference: _____ Telephone Number: _____

By signing below, I hereby authorize the above veterinarian to discuss with and supply information to Helping Hounds Dog Rescue Inc. regarding the pet(s) listed on this form. I also specifically give permission to Helping Hounds Dog Rescue Inc. to verify any and all information contained herein.

Date: _____

Signature