

Basset Hound Rescue

Helping hands helping hounds



of Montana

a non-profit organization

Date: _____

Rescue Dog # _____

ADOPTION APPLICATION

Name: _____
(Husband and Wife, if married)

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: () _____ - _____ Work phone: () _____ - _____ Hours: _____ to _____

Email address: _____

Referred by: _____

A successful adoption depends on both the selection of the right Basset for your household and the understanding of his/her needs. So that we may assist you with this selection, please answer the following questions as completely as possible. Thank you.

Your occupation: _____

Do you own or rent your home? _____

Type of dwelling (circle one): House; Condo; Apartment; Mobile home; Other (explain): _____

NOTE: IF YOU RENT, PLEASE SUBMIT COPY OF RENTAL AGREEMENT THAT PERMITS DOGS

Do you have a fenced area/yard for the dog? _____

If yes, type of fence: _____ Length: _____ Width: _____ Height: _____

If not, what arrangements will you have for the dog's exercise and toilet duties? _____

Have you ever owned a dog before? _____ If so, what type/breed(s)? _____

Have you ever owned a Basset before? _____ Why do you want a Basset? _____

Do you presently have other animals (circle one): Yes No

If yes, please fill out the following as thoroughly as possible:

TYPE	BREED	GENDER/ALTERED?	HOW LONG OWNED?

How many adults are in household? _____ How many children? _____

What are the ages and genders of children? _____

How do the other family members feel about getting a Basset hound? _____

Is anyone home during the day? _____ At night? _____ Do you have a doggie door? _____

When are you away from home? _____

Where will the dog be kept during the day? _____ At night? _____

Is anyone in the home allergic to dogs? _____ Are you willing to house train, if necessary? _____

Are you established with a veterinarian? _____ Name of vet: _____

Vet's address: _____ Vet's phone: () _____ - _____

REFERENCES: Please give three references:.

NAME	ADDRESS	PHONE	EMAIL

All of 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 adoption process, disqualifies me from adoption.

Signature of applicant

Date:

Please return this application to:

Basset Rescue of Montana
14600 Springhill Rd.
Frenchtown, MT 59834
bassetrescuemt@gmail.com
<http://www.bassetrescueofmontana.org>
Basset Rescue of Montana is a 501 (c) 3 nonprofit organization

..... (Official use only)

Date of Interview: _____

Approved by: _____

Comments: _____