

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 _____

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

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

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 _____

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