

Basset Rescue of Central California
3443 N Parkway Box 31 Fresno CA 93722

Adoption Application

Name: _____ Date _____

E-mail Address: _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Work Phone _____ Work Hours _____ to _____

Referred by: _____

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

Do you own or rent your home? _____

Type of Dwelling? House _____ Condo _____ Apartment _____ Mobile Home _____

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

If yes, type of fence _____ Length _____ Height _____

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

Have you ever owned a dog before? _____ Breed(s)? _____

Have you ever owned a Basset Hound before? _____

Why do you want to own a Basset? _____

Do you presently have other animals? _____

If so, please state type, breed, gender and if spayed/neutered: _____

How many adults in the household? _____ Children? _____

Ages and genders of children? _____

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

Is anyone home during the day? _____ At night? _____

Is anyone allergic to dogs? _____

Where will the dog be kept during the day? _____

At night? _____ When you are away from home? _____

Do you have a doggie door? _____

Would you be willing to housetrain a dog? _____

Are you established with a vet? _____ Who? _____

All of the above 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.

_____ Date _____

Signature of Applicant