

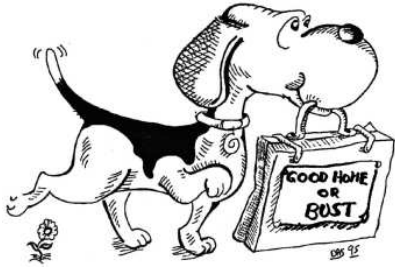
Please read the Foster Care Information document on the Articles & Forms page first.

It explains all of the fostering requirements, so you will know if you meet the requirements and what to expect.

Before you complete and mail this application, you must have a telephone interview with a Colorado Beagle Rescue volunteer. Leave a message at 303-464-9403, and your call will be returned.

If you and the volunteer believe you're a good candidate for a foster family, fill in the Adoption Application and mail it to CBR.

Please scroll to see the forms.



Colorado Beagle Rescue, Inc.

PO Box 2704
Littleton CO 80161-2704

303-464-9403
www.ColoradoBeagleRescue.org

For CBR use only

Rescue Dog # _____

Rescue Dog Name _____

Acquired Date _____

Placed Date _____

Donation Amt & Received Date _____

ADOPTION APPLICATION

Date: _____

Adopting Adult 1:

Name: _____

Cell Phone: _____

Work Phone: _____

Personal Email: _____

Work Email: _____

Occupation: _____

Adopting Adult 2:

Name: _____

Cell Phone: _____

Work Phone: _____

Personal Email: _____

Work Email: _____

Occupation: _____

Home Address: _____

City, State, Zip: _____ Home Phone: _____

Where did you get CBR's name and number? _____

When any question below is followed by several responses in capital letters, circle one of the responses.

Preferences for dog:

Gender: MALE FEMALE EITHER

Age: YOUNG PUPPY (3-6 months) OLDER PUPPY (6-24 months) ADULT DOG (2-8 years)
OLDER DOG (9 or more years)

Do you have a secure fenced yard? YES NO Fence type and height: _____

Have you owned a dog since you were an adult? YES NO

What breed(s) did you own? _____

What happened to the dog(s)? _____

Have you ever been owned by a Beagle? YES NO

Why did you choose a Beagle? _____

Do you own or rent your home? OWN RENT If renting, does your lease allow you to have a dog? YES NO

Your landlord's name and phone number. _____

Is your home a HOUSE MOBILE-HOME CONDO APARTMENT TOWNHOUSE?

Do you presently have other pets? YES NO If you answered yes, please list them below.
Species Breed Pet's Name Age Gender (M, NM, F, SF)

How many adults are in your household? ____ Children? ____
Boy's ages Girl's ages

Do all family members agree on a Beagle? YES NO

Are any family members allergic to dogs? YES NO If you answered yes, please explain.

Do you expect any problems with your neighbors or their pets? YES NO If you answered yes, please explain.

How many hours is an adult home during the day? _____ At night? _____

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

Are you willing to house train the dog? YES NO Are you willing to crate train the dog? YES NO

Are you willing to obedience train the dog? YES NO Are you willing to socialize the dog? YES NO

Are you aware Beagles should not run loose in an unfenced area? YES NO

Do you understand the importance of spay/neutering your pets? YES NO

How soon do you want a Beagle? _____ Will you wait for the right dog? YES NO

Are you established with a veterinarian? YES NO If you answered yes, what is the vet's name, address, phone?

Do you want CBR to recommend a vet? YES NO

Do you anticipate lifestyle changes (moving, pregnancy, health problems, etc.) in the near future that could interfere with raising a dog? YES NO If yes, explain. _____

Are you aware of the financial commitment involved in owning a dog? YES NO

May we visit your home prior to adoption? YES NO

Special Note: We usually have a waiting list of people who want to adopt Beagles. Occasionally, after locating the right Beagle for someone's needs, we learn they have already adopted another dog. If you acquire a dog from another source, please let us know so we can remove your name from our waiting list. This way we can keep our records up to date and better serve our other clients who are waiting for that special Beagle. Thanks for your help.

Comments: _____

Signatures of Adopting Person(s): _____ Date: _____
_____ Date: _____

Mail the completed form to:
Colorado Beagle Rescue, Inc
PO Box 2704
Littleton CO 80161-2704

Do NOT fill in the information below. It is for Placement Committee use only.

Home Check Completed By: _____ Date: _____

Adoption Performed By: _____ Date: _____

Dog's Name and CBR Number: _____