



Colorado Beagle Rescue, Inc.

PO Box 2704
Littleton CO 80161-2704
303-464-9403

www.ColoradoBeagleRescue.org

ADOPTION APPLICATION

For CBR use only	
Rescue Dog #	_____
Rescue Dog Name	_____
Acquired Date	_____
Placed Date	_____
Donation Amt & Received Date	_____

Date: _____

Adopting Adult 1:

Name: _____

Cell Phone: _____

Email: _____

Occupation: _____

Adopting Adult 2:

Name: _____

Cell Phone: _____

Email: _____

Occupation: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Where did you hear about CBR? _____

When a question below is followed by multiple responses in capital letters, select one of the responses.

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

Have you ever been owned by a Beagle? YES NO

What breed(s) did you own other than a Beagle? _____

What happened to the dog(s)? _____

If you have never owned a Beagle, how familiar with the breed are you? _____

Preferences for dog:

Gender: MALE FEMALE EITHER

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

Why are you wanting a dog at this time? _____

Why are you choosing a Beagle? _____

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 aware that it can take up to several weeks or months for a new dog to fit in? YES NO

What steps are you willing to take to help your dog adjust?

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
(This can include but is not limited to vaccines, annual check ups, quality dog food, emergency care, dental, grooming and other basic supplies.)

May we visit your home prior to adoption? YES NO

Will this dog be a member of your family? YES NO

Special Note: We work very hard finding the right match for families 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.

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

Mail or Email the completed form to:

**Colorado Beagle Rescue, Inc.
PO Box 2704
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Carol@ColoradoBeagleRescue.org

