

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:			Adopting Adult 2	::			
Name:				Name:			
Cell P	Phone:			Cell Phone:			
F	Email:			Email:			
Occupation:				Occupation:			
Home Addre	ess:						
City:			State:	Zip:	Home Phone:		
Where did yo	ou hear about CBR?						
Have you even		Beagle? than a Beag	YES N				
Preferences Gender:		FEMALE	EITHER				
Age:	YOUNG (6-24 mo		ADULT	(2-8 years)			
Why are you	wanting a dog at th	is time?					
Why are you	choosing a Beagle?						

Please list the reasons why you woul	d relinquish a	a beagle ba	ck to us		
What type of home do you have?	HOUSE TOWNHO	DUSE	MOBILE HO)ME 	
Do you own or rent your home?	OWN	RENT			
If renting, does your lease allow you	to have a do	g? Y.	ES NO		
If renting please provide your landle and phone number:	rd's name:				
Do you have a secure fenced yard?	YES	NO			
Fence type and height:					
Do you presently have other pets?	YES	NO	If you answere	d yes, please list th	em below.
Pet's Name	Тур	e	Age	Gender M	NM F SF
				<u> </u>	
Are all your pets current on their vac If they are not up-to-date on their va How many adults are in your househ	ccines, please		NO		
				Boy's Ages	Girl's Ages
Do all family members agree on ado	pting a Beag	le?	YES NO)	
Are any family members allergic to	dogs? Y	ES	NO If yo	u answered yes, pl	ease explain.
Do you expect any problems with yo explain.	ur neighbors	or their pe	ts? YES	NO If you ε	nswered yes, please
How many hours is an adult home du	uring the day?		At night?	_	
Where will the dog be kept during th	e day?			At night?	
Are you willing to house train the do	og? YES	S N	0		
Are you willing to crate train the dog	g? YES	S N	0		
Are you willing to obedience train the	ne dog?	YES	NO		

Signatures of adopting Letson(s).						
Signatures of adopting Person(s):				D	vate:	
Special Note: We work very hard finding after locating the right Beagle for someone's a dog from another source, please let us knowkeep our records up to date and better servyour help.	s needs, wo	e learn the an remove	y have alre your name	ady adopte e from our	ed another waiting li	dog. If you acquire st. This way we can
Will this dog be a member of your family?	YES	NO				
May we visit your home prior to adoption?	YES	NO				
Are you aware of the financial commitment in (This can include but is not limited to vaccin and other basic supplies.)					NO ergency ca	are, dental, grooming
Do you anticipate lifestyle changes (moving, with raising a dog? YES NO	pregnancy If yes, exp		oblems, etc.			
Do you want CBR to recommend a vet?	YES	NO				
Are you established with a veterinarian? If you answered yes, what is the vet's name, a	YES address, ph	NO none?				
What steps are you willing to take to help you	ır dog adju	st? Pleas	e be specific	÷.		
Are you aware that it can take up to several w	eeks or mo	onths for a	new dog to	fit in?	YES	NO
Will you wait for the right dog? YES	NO					
How soon do you want a Beagle?			_			
Do you understand the importance of spay/ner	utering you	ur pets?	YES	NO		
Are you aware beagles should not run loose i	n an unfen	ced area?	YES	NO		
Are you aware Beagles should not run loose it						

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:		
If you have additional comments please leave them below, thank you.		