



High Country Basset Hound Rescue
Adoption Application

Thank you for your interest in adopting one of our long eared friends. Please complete the information on this form and email it to karinsbassets@hotmail.com. A High Country Basset Rescue representative will contact you.

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Email: _____

Primary phone: _____

Secondary phone: _____

Referred by: _____

Are you over 18? _____

Please list everyone living in your household:

<u>Name</u>	<u>Child Age</u>	<u>Relationship</u>
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How do your family members feel about adopting a Basset? _____

A successful adoption home depends on both the selection of the right Basset for your household and the understanding of their 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? _____
(Renters must provide a letter from your landlord stating you are able to adopt a Basset Hound from HCBHR)

Type of dwelling (Ranch, Town House, Tri-level, Etc.)? _____

Is your yard fenced? _____ If yes, fence type and height? _____

If no, what arrangement will you have for the dogs exercise and potty duties? _____

Have you owned a dog before? _____ If yes, what breed(s): _____

Do you presently have other animals? _____ If yes, what species? _____

Are they current on their vet recommended wellness and vaccinations? _____

Are each of your pets spayed/neutered? _____ If no, please explain: _____

How many hours are you away from home on average each day? _____

Where would the dog(s) be while you are gone during your average day? _____

Please tell us your preferences for your Basset (age, gender, etc) _____

Some dogs in foster care have special needs. Please mark the characteristics you feel you could handle (we will provide training and support as needed):

- _____ Significant behavior challenges (nipping, biting, chewing)
- _____ Barking
- _____ Separation Anxiety
- _____ Significant emotional challenges (extremely frightened/shy)
- _____ Not leash trained
- _____ Not housebroke
- _____ Incontinence due to age
- _____ Blind
- _____ Deaf
- _____ Amputee
- _____ Diabetes

Bonded Pair
 Other (please describe) _____

Do you have any additional comments or questions? _____

Veterinarian:

Clinic: _____

Phone: _____

By submitting this form, I agree that all 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, might disqualify me. I give permission to representatives of High Country Basset Hound Rescue to call my references/veterinarian and discuss my ability to care for a dog.