

# BASSET RESCUE CREW OF THE SOUTHEAST

## Adoption Application

Thank you for considering a rescued basset from BaRCSE, Inc. A successful adoption depends on the selection of the right dog for your household and your understanding of the responsibility taken when you adopt a rescued dog. So that we may assist you with making this important decision, please answer the following questions as completely as possible.

Your Name: \_\_\_\_\_

Co-Applicants Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone numbers including area codes: Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of adults in the household: \_\_\_\_\_ Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

Has everyone in the household agreed to take on the responsibility of a pet: \_\_\_\_\_

Does anyone in the household have any pet allergies? \_\_\_\_\_

Explain: \_\_\_\_\_

Type of dwelling do you live in? (i.e. house, condo, apt, farm, mobile home): \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ How long have you lived here? \_\_\_\_\_

If you rent, has the landlord provided written permission for you to have a dog? \_\_\_\_\_

Is there a size/weight limitation on allowable dogs? \_\_\_\_\_ If yes, limit is \_\_\_\_\_

Landlord's name \_\_\_\_\_ Phone (include area code) \_\_\_\_\_

Do you have a securely fenced in area? \_\_\_\_\_ If yes, what type of fencing? \_\_\_\_\_

Height \_\_\_\_\_ Approximate size of fenced area \_\_\_\_\_

If no, what arrangements will you have for the basset's exercise and toilet duties? \_\_\_\_\_

Do you have a doggie door installed in your home? \_\_\_\_\_

Will this be your first pet? \_\_\_\_\_ What pets did you previously own? \_\_\_\_\_

What happened to them? \_\_\_\_\_

Do you presently have any other animals? \_\_\_\_\_

If yes, please list. Include name, breed, age, sex, and how long you've owned each pet.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are your pets spayed/neutered? \_\_\_\_\_ Next due date of all shots (rabies, DHLPP, etc)? \_\_\_\_\_

Are your pets on heartworm preventative? \_\_\_\_\_ Next due date? \_\_\_\_\_

Your veterinarian's name \_\_\_\_\_ Clinic name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (include area code) \_\_\_\_\_  
 Name on account \_\_\_\_\_  
 Why do you want a rescue basset? \_\_\_\_\_  
 Have you had bassets before? \_\_\_\_\_ How many now? \_\_\_\_\_ How many in past? \_\_\_\_\_  
 How do you plan to care for, train and exercise the rescue dog? \_\_\_\_\_  
 Where will your rescue dog be kept during the day? \_\_\_\_\_ Night? \_\_\_\_\_  
 How many hours a day will your animal(s) be alone on a regular basis? \_\_\_\_\_  
 Where will the rescued basset sleep at night? \_\_\_\_\_  
 Do you have an age preference? Puppy \_\_\_\_\_ Young \_\_\_\_\_ Adult \_\_\_\_\_ Senior \_\_\_\_\_ None \_\_\_\_\_  
 What gender would you prefer? Male \_\_\_\_\_ Female \_\_\_\_\_ No Preference \_\_\_\_\_  
 Would you consider adopting a bonded pair of bassets? \_\_\_\_\_  
 Are you willing to house train the dog, if necessary? \_\_\_\_\_  
 Would you consider a special needs basset? \_\_\_\_\_  
 If yes, what type of special needs? Vision problems \_\_\_\_\_ Hearing problems \_\_\_\_\_  
 Special medical and/or medication needs (i.e.: daily medications) \_\_\_\_\_  
 Are you familiar with crate training? \_\_\_\_\_ Are you willing to crate if necessary? \_\_\_\_\_  
 Will you have the entire household present during the pre-adoption home visit? \_\_\_\_\_  
 Do you have a pool, hot tub, pond? \_\_\_\_\_ If yes, is there a fence around it? \_\_\_\_\_  
 How did you hear about BaRCSE? \_\_\_\_\_

All of the information I/we have provided on this application is, to the best of my knowledge, true and complete. I understand that falsifying information on this application, or at any time during the application process will disqualify me from adopting a basset. I am aware that submitting my application does not guarantee that I will receive approval to adopt a basset from BaRCSE. I also understand that by submitting this application, I give BaRCSE, Inc. permission to access my veterinary records.

Signature of adult applicant(s) \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

Mail application to: BaRCSE, Inc Attn. Adoption Director P.O. Box 2273, Columbia, SC 29202 or email: [barcsemail@gmail.com](mailto:barcsemail@gmail.com). If mailing application, include a check with \$10 adoption application donation, made out to BaRCSE. If emailing application, check may be mailed or submitted via Paypal to [barcsemail@gmail.com](mailto:barcsemail@gmail.com). You will be contacted by telephone in 7-10 days after we receive your application. Once approved, you will be asked to sign an adoption agreement with BaRCSE.

For Office use: Application received \_\_\_\_\_ Vet records OK \_\_\_\_\_ references OK \_\_\_\_\_  
 Home visit: Date \_\_\_\_\_ by \_\_\_\_\_  
 Adoption approved: Date \_\_\_\_\_ by \_\_\_\_\_