



ADOPTION APPLICATION

Date

Last Name

First Name

M.I.

Birth Date

Email Address

Home & Family Info

Street Address

Street Address Line 2

City

State

Zip Code

Home Phone Number

Cell Phone Number

Are you:

Do you own or rent your home?

Married/Common Law

Own

Single

Rent

Living with a Roommate (s)

**IF YOU RENT, PLEASE SEND PERMISSION FROM YOUR LANDLORD TO ADD A
PET TO YOUR HOME.**

Please list the names and ages of other people living in the home

Please list the species, age, sex, and spay/neuter status of other pets in the home.

Are all of your pets
Spayed/Neutered

Yes

No

If no, why?

Is anyone in your
home allergic to
dogs?

Yes

No

Has anyone in your family
been charged with or
accused of animal or child
abuse or cruelty?

Yes

No

My yard is

not fenced

underground or electric fence

6 ft privacy fence

5 ft privacy fence

4-5 ft split rail or chain link

under 4 ft

Tell us what you're looking for:

If you are interested in a
specific dog, please name it
here:

Will you consider
other dogs?

YES

NO

I am hoping for:

Male	Female	Under 3 months old
3-6 months old	6-12 months old	1-3 years old
Over 3 years old	Under 20 lbs	20-50 lbs
50-100 lbs	100 lbs+	Dog friendly
Cat friendly	Kid friendly	

I am willing to train for the following:

House training or marking	Crate training
Pulling on a leash	Jumping on people
Barking	Shy or timid
Basic obedience	High prey drive
Door darting	Fence jumping
Counter surfing	Separation anxiety
Stranger/Fear aggression	Food or resource guarding

Please tell us about you and your new dog:

What is your experience with dogs:

Currently own dogs
Grew up with dogs
First time dog owner
Have owned dogs before
I have breed experience

My dog will be alone for
X hours per day:

When my dog is alone he/she will be:

In a crate
Confined to a room
Free roam
Outside only
Indoor/outdoor access

What will you do if your dog
is destructive when left
alone?

My dog will sleep:

Outside

In my garage

In a crate inside
my home

On my bed/couch

On a dog bed
inside my home

Where ever it
wants

I would get rid of my dog if:

it bit me or a family member

it bit someone outside of my home

it attacked another dog

it attacked a cat

if it no longer fits my lifestyle

if it gets old

if it gets sick

if it's not house trained

if it has separation anxiety

if I have to move

if I got a new job

I would never get rid of my dog

Can you afford to spend \$1000 annually
on your dog?

Do you plan to
purchase pet
insurance?

What will you do if your dog
requires emergent care costing
\$3000?

Please provide a vet
reference:

Please provide 3 personal references
(name and phone/email)

Please provide employer
name and number:

Terms & Conditions

We allow for a 7 day trial adoption period. We cannot be responsible for any costs/charges incurred during this time that are NOT authorized by the rescue. Should the dog get injured while in your care, you are responsible for all expenses related to treatment required. If you cancel your adoption at any time during this 7 day trial period, 50% of your adoption fee is refundable. The remaining 50% will be treated as a donation to BBCR. Failure to pay at the time of adoption does NOT change these terms.*

By checking this box, I acknowledge that I have read the Adoption Information provided by BBCR.

Thank you for taking your time to complete this application. By typing your name below, you agree to the terms and conditions set forth above and you attest to the truthfulness of your answers. Falsification of any of the above information will be grounds to disallow your adoption of a rescued dog.

Signature