

Adoption Application

Ozark Mountain Basset Rescue, Inc.

C/O Katharine Mason, 2701 Backus Ave., Springdale, AR 72762

Name: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Best Time To Call: _____

Email Address: _____ Occupation: _____

Do you own or rent your home?

Type of dwelling: house apartment condo town house trailer other (specify): _____

If renting, do you have permission from your landlord to have a dog? Yes No

Landlord's name: _____ Phone: _____

How long have you been at your current residence? _____

Do you have a fenced yard for the dog? Yes No

If no, are you willing to keep the dog on a leash/tie-out when outside? Yes No

What other arrangements may you have for the dog's exercise and toilet needs? _____

Have you ever owned a pet before? Yes No

If yes, what happened to you previous pets? _____

Have you ever owned a Basset hound before? Yes No

Do you presently have any pets? Yes No

Have you ever given up a pet before? Yes No Why? _____

Have you ever adopted a rescued pet before? Yes No

If yes, from which rescue did you adopt from? _____

Please provide us with the following information for each pet you currently own:

Pet Breed Age Sex (Spayed/Neutered) Next Shots Due Date Heartworm Preventative Used

1. _____

2. _____

3. _____

4. _____

Are you established with a vet? Yes No

Vet's Name: _____ Phone number: _____

Vet's address: _____

How much do you expect to spend on veterinary care in a year? _____

I have trained a dog before and will train this one myself. Yes No

If no, will you be using professional training if necessary? Yes No

If this dog needs to be housetrained are you willing to do so? Yes No

Which method of housetraining will you use? _____

Are you willing to crate train this dog? Yes No

I have knowledge to take a "problem dog." I would be willing to take a dog with the following problem(s):

housebreaking chewing barking socialization issues possibly abused

I am prepared to take responsibility for this dog for a lifetime. Yes No

How many adults are in your household? _____ How many children? _____

Ages of children: _____

How do the other members of your family feel about adopting a Basset hound? _____

How much time will you or other family members be spending with the dog per day? _____

Is anyone home during the day? Yes No at night? Yes No

Where will the dog be kept during the day? _____ at night? _____

When you are at work? _____ on vacation? _____

Is anyone in your household allergic to dogs? Yes No Don't Know

Are you willing to have a home visit prior to adoption? Yes No

Do you have a gender preference for your Basset? Male Female Doesn't matter

Do you have any coloring preferences? _____

Age limitations of the desired Basset? _____

Do you have a specific Basset you are interested in? Yes No Which one? _____

All of the 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 this application process, disqualifies me from adoption.

Signature of applicant

Date

Please return this completed and signed application to:

Ozark Mountain Basset Rescue, Inc.
C/O Katharine Mason
2701 Backus Ave.
Springdale, AR 72762

(For OMBR use only)

Date received: _____

Approved by: _____

Comments: _____

